



# Illinois State Board of Education

100 North First Street, E-240  
Springfield, Illinois 62777-0001

## EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

### EDUCATOR EFFECTIVENESS DEPARTMENT

This is to certify that the undersigned has attended the professional development activity described herein and that the provider is approved by the State Superintendent of Education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six years by the licensee and produced if requested as part of an audit.

**IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR 6 YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS REQUESTED BY ISBE.**

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)

**Jessica Albert**

AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)

TITLE OF PROFESSIONAL DEVELOPMENT  
SD96001 Hear Us, See Us Building Capacity for  
LGBTQ+ Considerations

IEIN

DATE(S) OF ACTIVITY

04/07/2022; 04/14/2022; 04/21/2022; 04/28/2022

NAME OF APPROVED PROVIDER

Lake County Regional Office of Education

REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (form is invalid without a state-approved provider RCDT code)  
3400000000000000

NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (if used)

NAME OF PRESENTER(S) (Do not enter into ELIS)

Tiffany Mueller, Nikki Michele, Laura Knittle

NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED

**6.00 of 6.00**

Signature of Approved Provider's Representative

04/28/2022

Date

Signature of Participant

Date

Signature of Participant Affirmed Name (if applicable)

Date