

PROFESSIONAL DEVELOPMENT CLOCK HOURS

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The Illinois Reading Council is an approved ISBE Professional Development Provider. Registered attendees can earn one clock hour for each session attended. Please note that meal functions and other events are available for one (1) clock hour only. Registered presenters can also earn up to eight (8) clock hours for presenting a session. At the end of the conference, plan to submit your clock hours for the sessions that you attended and/or presented at the conference via one of two options.

OPTION 1 – ONLINE CLOCK HOUR FORM: You can enter your **Record of Sessions Attended** and **Conference Evaluation Forms** via the online form at: <https://www.illinoisreadingcouncil.org/IRC-Conference-Evaluation-Form>.

OPTION 2 – PRINT PDF COPY OF THE CLOCK HOUR FORMS: You can print the **Record of Sessions Attended** and **Conference Evaluation Forms** prior to your arrival at the conference and drop off the completed forms at the Registration Desk in the Exhibit Hall. The forms can also be mailed or faxed to the IRC Office within one week after the conference. The PDF Form is available at: <https://www.illinoisreadingcouncil.org/assets/docs/Clock Hour Forms.pdf>.

Please review your personal License Renewal Plan to determine which sessions fit. Be sure that your goals are broad enough to include a variety of literacy topics. The Illinois Reading Council is merely the provider. The responsibility for determining which sessions agree with your plan and are granted credits by your school district is yours.

The Illinois Reading Council will process the forms following the conference. Your clock hours will be entered directly into the **ISBE PD Plus System**. When entered, you will receive an email notification to log into your **ISBE ELIS Account** to complete the **ISBE Evaluation Form** through the ISBE PD Plus System. Once completed, you can print off your **ISBE Evidence Form** to keep for your records and your clock hours will be automatically added to your ISBE ELIS Account.

IRC Record of Clock Hours Earned Form

You must complete both sides of this form and place in an evaluation box.

Instructions: Each registered participant must complete both sides of this form. This form must be signed and placed in an evaluation box prior to leaving the conference. Failure to complete this form or failure to turn it in may result in loss of professional development credit. For each session attended, you must list the session number, the title of the session, and the presenter(s) name. As a presenter, you may also earn additional clock hours. Other activities may also be listed. **Participants earn one (1) PD hour per hour of participation at the conference. For meal functions and special events, only one (1) PD hour is earned for the presentation and not the meal or autographing. Following the conference, the ISBE Evidence of Completion Form with your verified clock hours will be mailed to registered participants.**

Session #

Title of Presentation

Name of Presenter(s)

THURSDAY, MARCH 13, 2025

7:00 AM		
8:30 AM		
9:45 AM		
11:00 AM		
12:15 PM		
1:00 PM		
2:15 PM		
3:30 PM		
6:15 PM		
8:30 PM		

FRIDAY, MARCH 14, 2025

7:00 AM		
8:30 AM		
9:45 AM		
11:00 AM		
12:15 PM		
1:00 PM		
2:15 PM		
3:30 PM		

TOTAL NUMBER OF PROFESSIONAL HOURS EARNED:

I state, to the best of my knowledge, that this form is true, correct and complete.

Signature of participant _____ IEIN # _____

Name of participant (Must be registered to earn PD hours) _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

HELP US PLAN FOR 2026

Please use this form to evaluate this year's conference. Your reactions and suggestions are valued and will help us plan subsequent conferences with your preferences in mind.

Drop this in one of the evaluation boxes located at the Registration Desk (Thursday and Friday) OR complete the online form on the Conference App OR return to: Illinois Reading Council, 1100 Beech Street, Building 8-2, Normal, IL 61761.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Somewhat Agree</u>	<u>Disagree</u>
1. Overall, I was satisfied with the 2025 Conference .	4	3	2	1
2. Conference offered a wide variety of speakers/activities .	4	3	2	1
3. Author/illustrator presentations were enjoyable.	4	3	2	1
4. Featured educational speakers were valuable & relevant.	4	3	2	1
5. Teachers sharing their classroom practices were valuable.	4	3	2	1
6. Research-based presentations were valuable & relevant.	4	3	2	1
7. Who would you like to see present at a future IRC Conference?				

Name:

Topic/Area

Contact info (if available):

8. I attended the Conference on (circle all that apply): **Wed.** **Thurs.** **Fri.**

9. I especially enjoyed this special event/program:

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Somewhat Agree</u>	<u>Disagree</u>	
A. Wednesday evening Welcome Reception	4	3	2	1	N/A
B. Thursday Illinois Reads Author Panels	4	3	2	1	N/A
C. Thursday evening Hear the Authors Read	4	3	2	1	N/A
D. Other _____					

10. In the Exhibit Hall, I would like the following products and services to be available: _____

	Strongly <u>Agree</u>	<u>Agree</u>	Somewhat <u>Agree</u>	<u>Disagree</u>	
A. Overall, the exhibits were helpful and informative.	4	3	2	1	N/A
B. The complimentary refreshments were good.	4	3	2	1	N/A
D. How much time did you spend in the exhibit hall?	1 hour or less	1-3 hours	3-6 hours		N/A

11. **Additional comments or suggestions about presentations, special events and/or the conference:**

(Please remember that IRC has limited control over issues such as parking, hotel accommodations & service.)

12. **Please tell us about yourself.**

Age Range:

___ 18-24
___ 25-39
___ 40-54
___ 55 and over

Years in Education:

___ 0-4
___ 5-14
___ 15-29
___ 30 and over

Distance Traveled:

___ less than 100 miles
___ 101-200 miles
___ 201-300 miles
___ 300 + miles

Current Position (Select One)

Administrator:

___ Principal
___ Superintendent
___ Curriculum Supervisor
___ Other: _____

Classroom Teacher:

___ Preschool
___ K – 3
___ 4 – 6
___ Middle/Jr. High
___ High School
___ Post Secondary

Other:

___ Pre-service Teacher
___ Title I/Remedial Teacher
___ Reading Spec./ Lit. Coach
___ Gifted Teacher
___ Spec. Ed. Teacher
___ Librarian/Media Specialist
___ Speech/Language Pathologist
___ Teacher Aide/ Paraprofessional
___ Substitute Teacher
___ Retired Teacher
___ Homeschool Teacher
___ Other _____

District Type:

___ Urban
___ Suburban
___ Small City
___ Rural/Small Town