

PROFESSIONAL DEVELOPMENT

CLOCK HOURS and ADMINISTRATOR ACADEMY CREDIT at the IRC Conference

The Illinois Reading Council is an approved Illinois State Board of Education Professional Development Provider. While attending the conference, you may earn one PD CLOCK HOUR per hour of attendance and participation. For meal functions, you may also earn one (1) PD clock hour for the presentation only.

Sessions attended must be logged, and the ISBE Evaluation and IRC Record of Clock Hours Forms must be completed at the end of the conference. You can print off the forms that are available at the end of this program or submit via the online form available from the APP.

The ISBE Evidence of Completion Form will be sent after the conference. 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 Principals Association will also be providing AA Credit for the Administrator Academy at the IRC Conference.

Your Record of Clock Hours Earned Form

Complete and keep this form for your own use and/or use with your local school district.

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.**

YOUR RECORD OF CLOCK HOURS

Session #	Title of Presentation	Name of Presenter(s)
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THURSDAY, MARCH 9, 2023

7:00 a.m.	_____	_____
8:30 a.m.	_____	_____
9:45 a.m.	_____	_____
11:00 a.m.	_____	_____
12:15 p.m.	_____	_____
1:00 p.m.	_____	_____
2:15 p.m.	_____	_____
3:30 p.m.	_____	_____
6:15 p.m.	_____	_____
8:30 p.m.	_____	_____

FRIDAY, MARCH 10, 2023

7:00 a.m.	_____	_____
8:30 a.m.	_____	_____
9:45 a.m.	_____	_____
11:00 a.m.	_____	_____
12:15 p.m.	_____	_____
1:00 p.m.	_____	_____
2:15 p.m.	_____	_____
3:30 p.m.	_____	_____

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 _____

To obtain CLOCK HOURS, complete both sides of this form and place in the evaluation box.



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-C001

EVALUATION FOR WORKSHOP,
CONFERENCE, SEMINAR, ETC.

EDUCATOR EFFECTIVENESS DEPARTMENT

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity. Providers must retain this form for a minimum of six years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY

2023 Illinois Reading Council Conference

DATE

March 9-10, 2023

LOCATION (Facility, City, State)

BOS Center, PAL Hotel, and Wyndham Hotel, Springfield, Illinois

NAME OF PROVIDER

Illinois Reading Council

1. Indicate the outcome(s) of this professional development. *(Check all that apply)*

- Increased the knowledge and skills of school and district leaders who guide continuous professional development
- Will lead to improved learning for students
- Addressed the organization of adults into learning communities whose goals are aligned with those of their schools and districts
- Deepened participants' content knowledge in one or more content (subject) areas
- Provided participants with research-based instructional strategies to assist students in meeting rigorous academic standards
- Prepared participants to appropriately use various types of classroom assessments
- Used learning strategies appropriate to the intended goals
- Provided participants with the knowledge and skills to collaborate
- Prepared participants to apply research to decision-making
- Provided educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting
- None of the above describes the effects of this professional development

2. Identify those statements that directly apply to this professional development. *(Check all that apply)*

- Activities were of a type that engaged participants over a sustained period of time allowing for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being
- This professional development aligned to my performance as an educator.
- The outcomes for the activities relate to student growth or district improvement.
- The activities offered for this event aligned to State-approved standards.
 - Professional Development Standards
 - Illinois Content Area Standards
 - Professional Educator Standards
 - Illinois Professional Leader Standards
- This activity was higher education coursework.
- None of these statements apply to this professional development.

3. For each statement below, write the number (4 to 1) that best describes how you feel about your experience in this professional development.

4 Strongly Agree 3 Agree 2 Somewhat Agree 1 Disagree

- A. _____ The outcomes of this professional development were clearly identified as the knowledge and/or skills that I should gain as a result of my participation.
- B. _____ This professional development will impact my professional growth or student growth in regards to content knowledge or skills, or both.
- C. _____ This professional development will impact my social and emotional growth or student social and emotional growth.
- D. _____ Overall, the presenter appeared to be knowledgeable of the content provided.
- E. _____ The materials and presentation techniques utilized were well-organized and engaging.
- F. _____ The professional development aligned to my district or school improvement plans.

IRC Record of Clock Hours Earned Form

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

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THURSDAY, MARCH 9, 2023

7:00 a.m.	_____	_____
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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 _____

IRC
RECORD
OF
CLOCK
HOURS

HELP US PLAN FOR 2024

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 2023 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 afternoon Illinois Reads Event	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: _____

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Somewhat Agree</u>	<u>Disagree</u>	
A. Overall, the exhibits were helpful and informative.	4	3	2	1	N/A
B. The Technology on Call was a useful service.	4	3	2	1	N/A
C. 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:	Years in Education:	Distance Traveled:
<input type="checkbox"/> 18-24	<input type="checkbox"/> 0-4	<input type="checkbox"/> less than 100 miles
<input type="checkbox"/> 25-39	<input type="checkbox"/> 5-14	<input type="checkbox"/> 101-200 miles
<input type="checkbox"/> 40-54	<input type="checkbox"/> 15-29	<input type="checkbox"/> 201-300 miles
<input type="checkbox"/> 55 and over	<input type="checkbox"/> 30 and over	<input type="checkbox"/> 300 + miles

Current Position (Select One)

Administrator:	Classroom Teacher:	Other:
<input type="checkbox"/> Principal	<input type="checkbox"/> Preschool	<input type="checkbox"/> Pre-service Teacher
<input type="checkbox"/> Superintendent	<input type="checkbox"/> K – 3	<input type="checkbox"/> Title I/Remedial Teacher
<input type="checkbox"/> Curriculum Supervisor	<input type="checkbox"/> 4 – 6	<input type="checkbox"/> Reading Spec./ Lit. Coach
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Middle/Jr. High	<input type="checkbox"/> Gifted Teacher
	<input type="checkbox"/> High School	<input type="checkbox"/> Spec. Ed. Teacher
	<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Librarian/Media Specialist
District Type:		<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Urban		<input type="checkbox"/> Teacher Aide/ Paraprofessional
<input type="checkbox"/> Suburban		<input type="checkbox"/> Substitute Teacher
<input type="checkbox"/> Small City		<input type="checkbox"/> Retired Teacher
<input type="checkbox"/> Rural/Small Town		<input type="checkbox"/> Homeschool Teacher
		<input type="checkbox"/> Other _____