

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator and School Development Division  
 100 North First Street, E-310  
 Springfield, Illinois 62777-0001

**MEMBERSHIP OF LOCAL PROFESSIONAL DEVELOPMENT COMMITTEES**

**DIRECTIONS: Please print or type.** Each district or other affected entity must complete a copy of this form for each LPDC and submit it to ISBE. Please send an updated form as changes occur. **Copy and use additional pages as needed.**

NAME OF DISTRICT, JOINT AGREEMENT, COOPERATIVE OR CHARTER SCHOOL AND RCSD.	REGION, COUNTY, DISTRICT, TYPE CODE
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
E-MAIL ADDRESS	FAX (Include Area Code)
<input type="checkbox"/> Add new LPDC <input type="checkbox"/> Dissolve existing LPDC: LPDC Name: _____  Date: _____	<input type="checkbox"/> Change LPDC Member <input type="checkbox"/> Add member <input type="checkbox"/> Remove member <input type="checkbox"/> Change Chairperson
LPDC NAME	DATE LPDC ACTIVE
LPDC ADDRESS This is the address to which a teacher would submit a Statement of Assurance.	INDICATE THE AREA(S) OF RESPONSIBILITY FOR THIS LPDC:

MEMBERS OF THE LPDC INCLUDE				IEIN OR SSN#	CHAIR / MEMBER	RIGHTS		
Add	Edit	Delete	Name			UPDATE	/	READ ONLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: All LPDC members must create an ECS account @ [www.isbe.net/ECS](http://www.isbe.net/ECS)**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of District, Joint Agreement, Cooperative, or Charter School Administrator