



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



ANNUAL APPROVED PROVIDER REPORT

EDUCATOR EFFECTIVENESS DEPARTMENT

Directions: This report must be submitted to the State Board of Education by June 30 annually in accordance with 23 Illinois Administrative Code Section 25.860 Reporting by and Audits of Providers. **Please email the report to:** vcamille@isbe.net

APPROVED PROVIDER NAME

REGION, COUNTY, DISTRICT, TYPE CODE

ADDRESS (Street, City, State, ZIP Code)

1. List all subcontractors/third-party providers on whose behalf you issued professional development hours, from July 1 to June 30 of the current fiscal year, **AND** include the name, date, and a summary of each activity a subcontractor/third-party provider provided.

Subcontractor Name	Activity Name	Activity Date (mm/dd/yyyy)	Summary of Activity

Do not type beyond space provided

Subcontractor Name	Activity Name	Activity Date (mm/dd/yyyy)	Summary of Activity