



# Illinois State Board of Education

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



## EDUCATIONAL INTERPRETER LOG

### EDUCATOR EFFECTIVENESS DEPARTMENT

**Evidence of Participation:** This is to certify that the undersigned has completed the activities indicated below.

**Directions:** This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers and approval holders must sign the form where indicated. Approval holders must keep this form for a period of five years and produce it if requested.

NAME (Last, First, Middle, Maiden)	IEIN NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	EMAIL
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

Evidence of Completion:

Approval type:  Sign Language  Cued Speech  Interim Sign Language

I. Provide proof of attendance for any activity completed or complete the following section. I have completed the following activities. (Attach additional pages as needed.):

DESCRIPTION OF ACTIVITY	WHERE PROVIDED (CITY & STATE)	DURATION (HRS.)	NAME OF PROVIDER	SIGNATURE OF PROVIDER

II. I have completed the following college coursework and attached the following documentation:

Original Grade Report  Official Transcript

COLLEGE	COURSE TITLE	SEMESTER HOURS

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date