

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

**EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.**

**EVIDENCE OF PARTICIPATION:** This is to certify that the undersigned has attended the training program described below.

**DIRECTIONS:** This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers must complete the information identified below. Certificate holders must keep this form for a period of five years and produce it if requested to do so for a random audit. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

Mindset: The Elements of Success with Dr. Carol Dweck

DESCRIPTION/NATURE OF THE EVENT

Dr. Dweck discussed her research behind mindsets--the growth vs. fixed--and how it applies to teaching and learning.

APPROVED PROVIDER AND PROVIDER NUMBER

Family Awareness Network of New Tier Township & Winnetka Public School District #96

LOCATION (Name of Facility, City and State)

The Skokie School, Winnetka, IL

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR

1.5 hours

START DATE	START TIME	END DATE	END TIME
5/2/2011	3:15PM	5/2/2011	4:45PM

NAME OF PRESENTER

Dr. Carol Dweck

SIGNATURE OF PROVIDER'S REPRESENTATIVE



Information supplied in the box below is optional and is completed by the participant/certificate holder if desired.

**REFLECTION STATEMENT: (OPTIONAL)** Although the Reflection Statement is no longer required, you may want to use this space to summarize this activity and what you learned. You may also want to indicate if this activity meets Purpose E (least restrictive environment requirement) and how it applies to teaching students with disabilities in the least restrictive environment.

Print or Type Name of Participant

Signature of Participant

Date

(TO BE RETAINED BY TEACHER FOR 5 YEARS AFTER RENEWAL OF CERTIFICATE)