

Illinois State Board of Education
 Educator Certification Division
 100 North First Street, S-306
 Springfield, IL 62777-0001

EDUCATIONAL INTERPRETER LOG

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 certificate holders must sign the form where indicated. Certificate holders must keep this form for a period of five years and produce it if requested.

NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY OR IEIN NUMBER	BIRTHDATE ____/____/____
ADDRESS (Street, City, State, Zip Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)

Evidence of Completion:

- Approval type: Sign Language Cued Speech
- Level of approval: Initial Standard Master

I. For any activity completed, provide proof of attendance 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 mentoring:

- a) Provide documentation of formal Mentoring and time spent.
 b) Signature of authorized representative of employing entity:

_____	_____	_____
Name of Authorized Representative (Print or Type)	Signature of Authorized Representative	Date

III. 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