

ANNUAL APPROVED PROVIDER REPORT

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

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Directions : This report must be submitted to the State Board of Education by June 30 annually in accordance with Section 25.860 Reporting by and Audits of Providers 23 Illinois Administrative Code. Please e-mail the report to: PDAudits@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
- 2. For each subcontractor include the name, date, and a summary of each activity provided and a statement indicating how each professional development activity was intended to impact:
 - A. Educator and student growth in regards to content knowledge or skills, or both; OR
 - B. Educator and Student social and emotional growth; OR
 - C. Alignment to district or school improvement plans.

Subcontractor Name	Activity Name	Activity Date (mm/dd/yyyy)	Summary of Activity	Intended Impact on Growth or Alignment to Improvement Plans (A or B or C above)

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