



Professional Development Registration Form

PLEASE USE BLACK INK ONLY!!

Session ID #: _____ Session Title: _____ Employee ID number _____
Required ! Required !

Session Date: _____

Name: _____ School: _____
Last Name First Name

Home Address: _____ Home Phone: _____

City, State, Zip: _____

E-Mail Address: _____@_____. _____

For workshops offering contact hours/stipend, please check one:

_____ I am NOT at the far right of the salary scale and will receive contact hours towards salary credit for attending if stipend/credit is available for that session. (Pending verification of position on salary schedule as of 6-1-2009) *Note limitations on repeating workshops subsequent to 6-1-2005.

_____ I AM at the far right of the salary scale (Masters +40) and will receive a stipend for attending if one is available for that session. *Note limitations on repeating workshops subsequent to 6-1-2005.

Begin at step 1. Choose as many in each column as needed to best describe your position.

- | Step 1 → | Step 2 → | Step 3 → | Step 4 |
|---|--|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Title I | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> All Subject Areas |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> English |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Regular Education | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Special Education | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Math |
| <input type="checkbox"/> Counselor | | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Science |
| <input type="checkbox"/> Social Worker/Psychologist | | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Speech/Language | | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Library Media Services |
| | | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Foreign Language |
| | | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Fine Arts |
| | | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Physical Education |
| | | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Vocational Education |
| | | <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Reading Coach |
| | | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Intervention Specialist |
| | | <input type="checkbox"/> Grade 12 | <input type="checkbox"/> Special Education Team Teacher |
| | | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Special Education Instructional Teacher |
| | | | <input type="checkbox"/> Other (Not listed) |

1. Registrant is responsible for reviewing Stipend/Salary Credit Conditions stated at front of catalog.
2. Duplicate as needed. **ONLY ONE SESSION PER REGISTRATION FORM.**
3. Early registration is strongly recommended for all events. Workshops contingent on minimum enrollment. Register at least 10 days prior to workshop. **NO WALK-INS ADMITTED.**
4. If you have questions, please call (815) 967-8066, unless otherwise listed in the directory.
5. Confirmation letters will NOT be sent. If your registration is NOT confirmed you will be notified (assuming you registered 10 days prior to workshop).
Check individual workshop descriptions for specific registration information.
6. If registration form is not COMPLETE (This especially includes the employee ID# (not SS#), your form will be returned to you and you WILL NOT be registered.

Board Mail registration to Admin. Bldg./Geri Bonilla or fax 966-3157.

! Please take a copy of your professional development calendar home with you for the summer !