



APPLICATION FOR APPROVAL OF LOCAL INSTITUTE

Must be submitted 30 days prior to the Institute Day
Must include 5 hours of Professional Development Activities
Must include Agenda with time schedule

Please email: rwadsworth@dupageroe.org

District Name and Number:			
Date of Institute:	Hours From:	To:	
Contact Person:	Phone #:		
Position:	Email Address:		

School districts are responsible for issuing professional development credit to participants for hours meeting the criteria as set by ISBE.

The Regional Superintendent's approval on this application is based on an agenda showing a minimum of 5 hours of professional learning experiences as indicated in the Illinois School Code ([105 ILCS 5/3-11](#)).

Signature: _____ Date: _____

Position: _____ Phone: _____

To Be Completed by ROE

Approved: _____ Signed: _____
Amber Quirk, Regional Superintendent