

7 3 - 8 6

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

APPLICATION FOR SHORT-TERM EMERGENCY APPROVAL IN SPECIAL EDUCATION FOR LEARNING BEHAVIOR SPECIALIST I

EDUCATOR EFFECTIVENESS DEPARTMENT

IMPORTANT: You also must apply online and pay the applicable fee through your Educator Licensure Information System (ELIS) account to be evaluated for this approval.

DIRECTIONS: The applicant should complete Section I and then send this form to the school district, special education cooperative, or entity that will be hiring so Section II can be completed. The completed form and the required documentation must be uploaded into ELIS by the ROE/ISC or emailed to us at licensureforms@isbe.net by the Chicago Public Schools Talent Office. Forms submitted by the educator will not be honored.

SECTION I: APPLICANT INFORMATION					
NAME (Last, First, Middle, Maiden)		IEIN	BIRTHDATE (mm/dd/)	уууу)	
ADDRESS (Street Number, City, State, ZIP Code)		EMAIL			
		HOME TELEPHONE (Include Area Code)			
SECTION II: TO BE COMPLETED BY THE DISTRICT, SPECIAL EDUCATION COOPERATIVE, OR NONPUBLIC SPECIAL EDUCATION FACILITY					
REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME,	ME, COOPERATIVE OR JOINT AGREEMENT, EMPLOYING FACILITY			
ADDRESS (Street Number, City, State, ZIP Code)			TELEPHONE (Include Area Code)		
 1) I assure that supervision will be provided by the following individual who holds a Professional Educator License endorsed for special education supervision pursuant to Section 25.497. Each supervisor must hold ONE of the following options: A General Administrative/Principal, Superintendent, or General Supervisory endorsement AND a Learning Behavior Specialist I (Prekindergarten through Age 21) endorsement A Director of Special Education endorsement A Learning Behavior Specialist I (Prekindergarten through Age 21) supervisory endorsement 					
SUPERVISOR NAME (Last, First, Middle, Maiden)		IEIN	CREDENTIALS	CREDENTIALS	
2) I assure that we have exhausted all recruitment efforts and have been unable to secure the services of an individual who is appropriately licensed for the teaching position in question.					
Name Digital or	Digital or Original Signature		Title Date		
SECTION III: TO BE COMPLETED BY THE REGIONAL SUPERINTENDENT OF EDUCATION (CPS Talent Office for Chicago applicants)					
 As administrator of this entity: I have verified this form is completed in its entirety, and was submitted directly by the hiring district or special education cooperative. I have verified that the supervisor listed in Section II, Part 1, holds the required licensure and endorsements. 					
Name Digital o	Name Digital or Original Signature			Date	