



Illinois State Board of Education

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



REQUEST FOR SHORT-TERM APPROVAL FOR TEACHERS AT ALL GRADE LEVELS

EDUCATOR EFFECTIVENESS DEPARTMENT

INSTRUCTIONS: This approval is available for individuals who hold a valid Professional Educator License endorsed in a teaching field. The hiring school district will verify and complete Sections I-III below. Please forward the completed form to the local Regional Office of Education, where it will be added to the educator's [Educator Licensure Information System \(ELIS\) account](#). Chicago Public Schools (CPS) may submit the completed form to licensureforms@isbe.net.

SECTION I: APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)	IEIN	HIRE DATE
EDUCATOR HOLDS LICENSE IN	EXPIRATION DATE OF LICENSE	

- Educator earned Short-Term Approval by completing 9 semester hours of coursework in assigned area.
- Educator earned Short-Term Approval by successfully passing the content test in the assigned area.

SECTION II: EMPLOYING SCHOOL DISTRICT

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME AND NUMBER
ADDRESS (Street Number, City, State, ZIP Code)	TELEPHONE (include Area Code)

SECTION III: ASSIGNMENT

1. Provide a description of the vacant position, including the subject area and the grade level of assignment.

2. Provide a description of the entity's inability to fill the position with a fully qualified individual.

- By checking this box, the district assures that the employing entity has not honorably discharged anyone in the past year who was fully qualified for the position.
- By checking this box, the district assures it will provide the teacher to be employed with mentoring and high-quality professional development each year in the subject area to be taught.

As administrator of this entity, I certify that the information above is true and correct.

_____	_____	_____	_____
<i>Name</i>	<i>Digital of Original Signature</i>	<i>Title</i>	<i>Date</i>

SECTION IV: REGIONAL SUPERINTENDENT OF EDUCATION (CPS Talent Office for Chicago applicants)

INSTRUCTIONS: Please sign below and add the completed form to the applicant's ELIS account within 10 business days of the individual being hired, pursuant Part 25.430(d).

_____	_____	_____	_____
<i>Region</i>	<i>Regional Superintendent</i>	<i>Digital or Original Signature</i>	<i>Date</i>