



Illinois State Board of Education

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



VERIFICATION OF TEACHING EXPERIENCE (PRINCIPAL ENDORSEMENT ONLY)

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I – TO BE COMPLETED BY THE EDUCATOR

An applicant applying for an Illinois Principal credential shall use this form to verify teaching experience. Please request that the school district forward the completed form directly to the Illinois State Board of Education with any necessary documentation. Forms returned to the applicant will not be honored.

APPLICANT NAME (Last Name, First, Middle, Maiden)	IEIN	BIRTHDAY (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	EMAIL

PART II – TO BE COMPLETED BY THE SCHOOL DISTRICT

Please email this completed form and any required documentation to licensureforms@isbe.net or mail to the address above. Forms returned to the applicant will not be honored.

DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL
NAME OF AUTHORIZED OFFICIAL	TITLE

*A proficient or equivalent rating is considered the second-highest rating an educator can receive on a scale equivalent to excellent, proficient, needs improvement, and unsatisfactory. An excellent or equivalent rating is considered the highest rating an educator can receive.

** School support personnel experience can be acquired while serving as a school counselor, school psychologist, speech language pathologist (non-teaching), school nurse, school social worker, or school marriage and family counselor.

Please check the appropriate box below:

- ☐ Four years of school support personnel or teaching experience (**Must attach letter of experience.**)
- ☐ Three years of school support personnel or teaching experience **PLUS** a proficient rating on the three annual performance evaluations (**Must attach a letter of experience.**)
- ☐ Two years of school support personnel or teaching experience **PLUS** an excellent rating on the two performance evaluations (**Must attach a letter of experience.**)
- ☐ The above named applicant has not met any of the requirements listed above.

Date of performance evaluations: _____

Rating received on evaluations: _____

I certify the above-named individual has earned the performance rating and school support personnel/teaching experience indicated by the check box above.

Signature of Authorized Official

Date