Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

ILLINOIS STATE BOARD OF EDUCATION
Educator and School Development Division
Private Business and Vocational Schools
100 North First Street, E-310
Springfield, Illinois 62777-0001

ANNUAL REPORT OF CURRENT MANAGING EMPLOYEE(S), TEACHER ASSIGNMENTS AND TEACHER EVALUATIONS

(105 ILCS 425 Sec. 6 (10)

INSTRUCTIONS: *This form is to be filed annually with the renewal application*

NAME AND ADDRESS OF SCHOOL

NAME OF CHIEF MANAGING EMPLOYEE	DATE OF APPROVAL
NAME OF ASSISTANT MANAGING EMPLOYEE	DATE OF APPROVAL
NAME OF ASSISTANT MANAGING EMPLOYEE	DATE OF APPROVAL
NAME OF ASSISTANT MANAGING EMPLOYEE	DATE OF APPROVAL
NAME OF ASSISTANT MANAGING EMPLOYEE	DATE OF APPROVAL

TEACHER'S NAME (Alphabetize and include part-time and substitute teachers)	Date of Initial Approval	Date of Last Evaluation by School Administrator	ISBE USE ONLY

NAME AND ADDRESS OF SCHOOL

TEACHER'S NAME (Alphabetize and include part-time and substitute teachers)	Date of Initial Approval	Date of Last Evaluation by School Administrator	ISBE USE ONLY