

ISBE USE ONLY
EVALUATOR
DATE

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001

REQUEST FOR BILINGUAL SPECIAL EDUCATION APPROVAL

Note: **City of Chicago residents** should forward this form to the Educator Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

INSTRUCTIONS: Return this application to the Regional Superintendent. If qualified in the area of requested evaluation, a letter of approval will be forwarded to the applicant. Approval will be granted only for the grade level or subject endorsement of the certificate on which it is based. **Do not write in the column labeled "ISBE USE ONLY."**

SOCIAL SECURITY NUMBER	NAME OF APPLICANT (Last, First, Middle, Maiden)	COUNTY
ADDRESS (Street, City, State, Zip Code)		TELEPHONE
DO YOU HOLD AN ILLINOIS CERTIFICATE	<input type="checkbox"/> YES <input type="checkbox"/> NO Type _____ Number _____	SPECIAL ED. AREA REQUESTED (ISBE USE ONLY) LBSI, LBSL or Speech Language Pathology
		LANGUAGE REQUESTED OR ESL

Complete left column **ONLY**. Check one box to indicate the credentials you currently hold.

REQUIRED CREDENTIALS	COURSE REQUIREMENTS FOR APPROVAL	-ISBE USE ONLY-	
<input type="checkbox"/> Special (prek-age) Certificate in LBSI, LBSL, or Speech Language Pathology (6405) or <input type="checkbox"/> Early Childhood, Elementary, Secondary, or Special Certificate (6406) with Special education approval in one of the above areas of special education (6407) (6408)	<ol style="list-style-type: none"> Successful completion of a language examination in the non-English language of instruction (not required for ESL). Psychological/Educational Assessment of the LEP Student with Disabilities Theoretical Foundations of Bilingual/ESL Education (including the study of first and second language acquisition) Methods and Materials for Teaching LEP Students with Disabilities or Methods and Materials for Teaching LEP Students 	<input type="checkbox"/> (6404)	
		<input type="checkbox"/> (6401)	
		<input type="checkbox"/> (6402)	
		<input type="checkbox"/> (6403)	
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Early Childhood, Elementary Secondary, or Special Certificate (6412) with Bilingual Education or ESL approval or endorsement (6413)	<ol style="list-style-type: none"> LBSI Methods Psychological/Educational Assessment of the LEP Student with Disabilities or Psychological Diagnosis for all Types of Exceptional Children LBSI Characteristics or Characteristics of the LEP Student with Disabilities 	<input type="checkbox"/> (6409)	
		<input type="checkbox"/> (6410)	
		<input type="checkbox"/> (6411)	
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Transitional Bilingual Certificate in the Language (6419) with Two years of successful teaching experience (<i>Attach letter verifying teaching experience.</i>) (6420)	<ol style="list-style-type: none"> Survey of Exceptional Children Assessment of the Bilingual Student or Psychological/Educational Assessment of the LEP Student with Disabilities Theoretical Foundations of Bilingual/ESL Education (including the study of first and second language acquisition) LBSI Methods LBSI Characteristics or Characteristics of the LEP Student with Disabilities
<input type="checkbox"/> (6401)			
<input type="checkbox"/> (6402)			
<input type="checkbox"/> (6409)			
<input type="checkbox"/> (6411)			
Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> School Service Personnel certificate endorsed for School Counselor, School Social Worker, School Psychologist, or Speech Language Pathologist (6423)	<ol style="list-style-type: none"> Successful completion of a language examination in the non-English language of instruction (not required for ESL). Assessment of the Bilingual Student or Psychological/Educational Assessment of the LEP Student with Disabilities 	<input type="checkbox"/> (6404)	
		<input type="checkbox"/> (6401)	
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date _____ Signature of Applicant _____ Date _____ Signature of Regional Superintendent _____