

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

**CERTIFICATE OF COMPLETION for the ISBE Learning Behavior Specialist I Training Sequence**

**INSTRUCTIONS:** *Please print or type.* Complete this form and attach it to ISBE Form 73-85, Request for Review of File to Remove Limitations on LBS I, as documentation that you have completed all five strands of the LBS I Training Sequence under an ISBE-trained presenter. All requests for removal of limitations should be filed through your regional office of education. **Keep a copy for your records.**

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle, Maiden Name)	BIRTHDATE / /
HOME ADDRESS (Street, City, State, Zip Code)		Telephone (Include Area Code)

**TRAINING STRAND 1**

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

_____	_____	_____
Date Completed	Printed Name of ISBE-Trained Presenter	Signature of ISBE-Trained Presenter

**TRAINING STRAND 2**

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

_____	_____	_____
Date Completed	Printed Name of ISBE-Trained Presenter	Signature of ISBE-Trained Presenter

**TRAINING STRAND 3**

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

_____	_____	_____
Date Completed	Printed Name of ISBE-Trained Presenter	Signature of ISBE-Trained Presenter

**TRAINING STRAND 4**

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

_____	_____	_____
Date Completed	Printed Name of ISBE-Trained Presenter	Signature of ISBE-Trained Presenter

**TRAINING STRAND 5**

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

_____	_____	_____
Date Completed	Printed Name of ISBE-Trained Presenter	Signature of ISBE-Trained Presenter

**ASSURANCE**

I do hereby affirm that the above information is true, accurate and complete.

_____	_____
Date	Signature of Teacher