

Check your status;

Initial Certificate Holder

Standard/Master Certificate Holder

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

**APPEAL TO THE RPDRC FOR  
 NONRENEWAL (Standard/Master) OR NONISSUANCE (Initial)**

**DIRECTIONS:** Complete and submit this form to the Regional Professional Development Review Committee (RPDRC) within 14 days after receiving either 1) a notice of a recommendation for nonrenewal from your Local Professional Development committee (LPPDC) if you are a Standard or Master certificate holder or 2) a recommendation of nonissuance from your Regional Superintendent if you are an Initial certificate holder. Include any supporting documentation you think is relevant. Include a return receipt and keep copies of all materials for your records.

NAME	HOME TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	WORK TELEPHONE (Include Area Code)
	E-MAIL

EMPLOYED BY (Name of District, Joint Agreement, Charter School, etc.)

ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
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CERTIFICATES UNDER WHICH YOU ARE CURRENTLY TEACHING		OTHER CERTIFICATES CURRENTLY HELD	
Certificate Type	Certificate Number	Certificate Type	Certificate Number

*I am requesting a review by the RPDRC. I believe the decision for nonrenewal or nonissuance should be reversed because:  
 (Attach additional sheets if necessary.)*

Supporting documentation  is  is not attached.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Certificate Holder \_\_\_\_\_

**REGIONAL PROFESSIONAL DEVELOPMENT REVIEW COMMITTEE RECOMMENDATION (For RPDRC Use Only)**

Within 7 business days after receiving an appeal, request the LPDC's record of review (see VI of the manual). Within 45 days of receipt of the appeal, forward this form and any supporting documentation to the regional superintendent of schools.

This committee concurs with the local professional development committee's recommendation for nonrenewal of the certificate(s) held by: \_\_\_\_\_

The committee does not concur with the local professional development committee's recommendation for nonrenewal of the certificate(s) held by: \_\_\_\_\_

Recommended for renewal for the following reasons:

Recommended for nonrenewal for the following reason(s):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RPDRC Chair

**FOR REGIONAL SUPERINTENDENT'S USE ONLY**

\_\_\_\_\_  
Date of Receipt

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Regional Superintendent