No Records Found

Licensees

Licenses

Select

Select

Select

Select

Illinois Approved Programs/Endorsements

Illinois Approved Programs/Endorsements For Selected License

Registration

Registration
**ILinois State Board of Education**

**Accountability and Quality Assurance Center**

**Division of Professional Certification**

**100 North First Street**

**Springfield, Illinois 62777 0001**

**APPLICATION FOR CERTIFICATE**

**INSTRUCTIONS:** Please print or type. Complete this form and mail to the Regional Superintendent of Schools in the county in which you plan to teach or reside. Include official transcripts and a $30 fee for certification, contact your Regional Superintendent for the method of payment.

**DO NOT SEND THESE FORMS AND FEES TO THE STATE SUPERINTENDENT OF EDUCATION. THIS FEE IS NOT REFUNDABLE OR TRANSFERABLE.**

---

**NAME:** MATON, KEITH R. D.

**SEX:** Male

**BIRTHPLACE:** MUNCIE, IN

**U.S. CITIZEN:** Yes

**PHONE (Area Code) Work:**

**NAME OF COLLEGES AND UNIVERSITIES**

<table>
<thead>
<tr>
<th>Name of College and University</th>
<th>Degree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purdue University IN</td>
<td>B.A.</td>
<td>12/92</td>
</tr>
<tr>
<td>Purdue University IN</td>
<td>M.S.</td>
<td>5/99</td>
</tr>
</tbody>
</table>

**SCHOOL SERVICE**

**Personnel Certificate**

- Guidance
- Supervisory Endorsement
- School Social Worker
- Supervisory Endorsement
- School Psychologist
- Supervisory Endorsement
- School Nurse
- Supervisory Endorsement

**Administrative Certificate**

- General Administrative
- Superintendent
- Chief School Business Official

**Signature of District Superintendent required if application is being made for a Provisional Certificate for part-time teachers of Adult Ed., subject, Part-Time Provisional or a Provisional Vocational Certificate. Applications for a Provisional Vocational Certificate shall include section (b).**

**RECEIVED**

**Date:** 1/17/2000

**Jan 2, 2000**

**School District Name and Number**

**Signature of Hiring District Superintendent or Board Secretary**

To be completed by Illinois Teacher Education Institution if certificate is to be issued by entitlement. Ignore this section of the form if certification by evaluation (individual applies directly) is requested.

As the authorized official of this recognized Illinois teacher education institution, I do hereby certify that the above-named applicant has completed all requirements of the certification statutes and relevant rules and regulations and has successfully completed an approved program leading to the certification and endorsement for which the applicant is recommended.

**Date:** 1/19/2000

**JAN 2, 2000**

**Institution Submitting Application**

**Date:**

**Signature of Authorized Official and Seal of Institution**
**APPLICATION FOR CERTIFICATE**

**Illinois State Board of Education**
Accountability and Quality Assurance Center
Division of Professional Certification
100 North First Street
Springfield, Illinois 62777-7001

Do not send these forms and fees to the State Teacher Certification Board. This fee is not refundable or transferable.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>MATUNE, KEITH R.</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>3/10/58</td>
</tr>
<tr>
<td>Birthplace</td>
<td>Maywood, IL</td>
</tr>
<tr>
<td>Address</td>
<td>212 sqt. 2400 S. 75th St. Chicago, IL 60629</td>
</tr>
<tr>
<td>Phone</td>
<td>312-354-4086</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>312-354-4086</td>
</tr>
<tr>
<td>Citizen</td>
<td>Yes</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
</tr>
</tbody>
</table>

Have you, in Illinois or any other state, ever been convicted of a felony or drug offense? 
- Yes, I have been convicted of the following offenses: 
  - \( X \) Been convicted of a felony
  - \( X \) Been convicted of a drug offense

Have you ever been the subject of a child abuse or neglect report? 
- No

Have you, in Illinois or any other state, ever had a certificate suspended? 
- No

Have you, in Illinois or any other state, ever had a certificate revoked? 
- No

Have you, in Illinois or any other state, ever had a certificate revoked pending an investigation or suspension pending an inquiry? 
- No

- Date certificate issued: 09-08-99
- Certificate Number: 16-539260

<table>
<thead>
<tr>
<th>College/University</th>
<th>State</th>
<th>Degree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purdue Univ.</td>
<td>IN</td>
<td>B.A.</td>
<td>12/92</td>
</tr>
<tr>
<td>Purdue Univ.</td>
<td>IN</td>
<td>M.S.</td>
<td>5/99</td>
</tr>
</tbody>
</table>

This application may be used to request only one certificate.

**Teaching Certificate**
- Resident Teacher
- Early Childhood
- Elementary (K-9)
- High School (9-12)
- Special (K-12)
- Supervisory Endorsement
- Transitional Bilingual (Specify Languages)
- Substitute (K-12)
- General (for part-time teachers of adult ed. subjects only)
- Part-Time Provisional
- Provisional Vocational Occupational Field

**School Service Personnel Certificate**
- Guidance
- School Social Worker
- School Psychologist
- School Nurse
- Supervisor

**Administrative Certificate**
- General Supervisory
- General Administrative
- Superintendent
- Chief School Business Official

Signature of requesting Illinois Regional Superintendent:

Signature of District Superintendent:

Signature of Hiring District Superintendent or Board Secretary:

Student must submit certification application to Regional Superintendent of Schools in the county in which you plan to teach or reside. Include official transcripts and a $30 fee for certification. Contact your Regional Superintendent for the method of payment.
**APPLICATION FOR TEACHING CERTIFICATE**

**ILLINOIS STATE BOARD OF EDUCATION**
Division of Professional Certification
100 North First Street
Springfield, Illinois 62777-0001

**INSTRUCTIONS:** Please print or type. Complete this form and mail to the Regional Superintendent of Schools in the county in which you plan to teach or reside. Include official transcripts and a $30 fee for certification, contact your Regional Superintendent for the method of payment.

**DO NOT SEND THESE FORMS AND FEES TO THE STATE SUPERINTENDENT OF EDUCATION. THIS FEE IS NOT REFUNDABLE OR TRANSFERABLE.**

**SOCIAL SECURITY NUMBER**
**PRINT NAME (Last - First - Middle - Maiden)**
**BIRTH-DATE**

**HOME ADDRESS (Street Number, City, State, Zip Code)**
**PHONE (Area Code) Home**
**SEX**
**DATE**
**BIRTHPLACE**

**PHONE (Area Code) Work**

**U.S. CITIZEN**

**Have you:**
- Yes ☐ No ☐ Ever had a certificate denied, suspended or revoked in Illinois or any other state?
- Yes ☐ No ☐ Ever been convicted of a felony or any sex, narcotics or drug offense in Illinois or any other state?
- Yes ☐ No ☐ Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of any tax, or as required by law administered by that Department that was not subsequently resolved to the Department’s satisfaction?
- Yes ☐ No ☐ Have you ever been named by a state agency responsible for child welfare or as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
- Yes ☐ No ☐ Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

**Signature of Applicant**

**JUNE 25, 2004**

**If you previously held an Illinois Certificate, give the Type INITIAL TYPE Number (050464)**

<table>
<thead>
<tr>
<th>NAME(S) OF COLLEGES AND UNIVERSITIES</th>
<th>STATE</th>
<th>DEGREE</th>
<th>DATE</th>
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</thead>
<tbody>
<tr>
<td>PURDUE UNIVERSITY IN B.A. 1992</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PURDUE UNIVERSITY IN M.S. 1999</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ISSUED**

**DATE CERTIFICATE ISSUED**

**CERTIFICATE NUMBER**

**P2149031**

**THIS APPLICATION MAY BE USED TO REQUEST ONLY ONE CERTIFICATE**

**Initial Standard Resident Teacher**

<table>
<thead>
<tr>
<th></th>
<th>☐ Substitute (K-12)</th>
<th>☐ Provisional Vocational Occupational Field</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Transitional Bilingual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Part-Time Provisional</td>
<td></td>
</tr>
</tbody>
</table>

**Special (K-12)**

| Check (☐) A or B (One Endorsement per Application) | ☐ A. I am applying for a single Special K-12 Certificate | ☐ B. I wish to obtain an Elementary and a Secondary Certificate with the endorsement. | ☐ Supervisory Endorsement |

**I do hereby affirm that the information provided above and the credentials, including transcripts and recommendation of all previously held certificates, are true, correct and complete.**

**Signature of Applicant**

**Signature of District Superintendent**

**Signature of Board Secretary**

**NOTE:** Applicants who knowingly alter or misrepresent their qualifications in order to obtain the endorsement or certificate are subject to revocation of all previously held certificates.

**Telephone Number**

**ISBE 73-0 D C (2003)**
Entitlement Certificate

<table>
<thead>
<tr>
<th>SSN:</th>
<th>[Redacted]</th>
<th>Institution:</th>
<th>IL-North Central College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate Number:</td>
<td>2449349</td>
<td>Split Cert:</td>
<td>No</td>
</tr>
<tr>
<td>Certificate Type:</td>
<td>75 - Administrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate Status:</td>
<td>Issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue Date:</td>
<td>07/07/2010</td>
<td>Have you ever had a certificate denied, suspended or revoked in Illinois or any other state?</td>
<td>No</td>
</tr>
<tr>
<td>Name:</td>
<td>Matune, Keith R.W.</td>
<td>Have you ever been convicted of a felony, or any sex, narcotics or drug offense in Illinois or any other state?</td>
<td>No</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>[Redacted]</td>
<td>Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department’s satisfaction?</td>
<td>X</td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
<td>Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?</td>
<td>No</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>[Redacted]</td>
<td>Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?</td>
<td>No</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>(630) 295-5420</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US Citizen:</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>[Redacted]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>[Redacted]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTES:</td>
<td>Application received in batch 9907061001.</td>
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<td></td>
</tr>
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</table>

Endorsements/Approved Programs

<table>
<thead>
<tr>
<th>Details</th>
<th>E A</th>
</tr>
</thead>
<tbody>
<tr>
<td>GADM-General Administrative</td>
<td>Y Y</td>
</tr>
</tbody>
</table>

ISSUED

Electronically signed on 7/7/2010 10:28:10PM

I do hereby affirm that the information provided above and the credentials, including transcripts and other supporting documents, are true, correct, and complete.

NOTE: Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.
Part I - Applicant

An applicant for an Illinois teaching, administrative or school service personnel certificate who has completed a state-approved program of preparation at a college or university shall use this form to properly verify the program's completion. Provide the information requested in Part I of this form including the name and address of the Regional Superintendent's office through which you are making application for Illinois certification. Please request the college/university to forward the completed form to the Regional Superintendent at the address you have provided.

Applicant's Name (Last, First, Middle): MATTHEWS, KEITH L.W.

Applicant's Address (Street, City, State, Zip Code): [Redacted]

Social Security Number: [Redacted]

Phone Area Code: [Redacted]

Name of Regional Superintendent's Office in Which Applicant Wishes to Apply for Certification:
Suburban Cook County Regional Office of Education, Lloyd W. Lehman, Regional Superintendent

Regional Superintendent's Office Address:
10110 Gladstone, Westchester, Illinois 60154

Name of College/University: Purdue University - West Lafayette

Address: School of Education - OPPL
LaBbE, Room 3229
West Lafayette, IN, 47907-1440

Phone Area Code: (765) 494-5486

Part II - College/University

Please verify that the above named applicant has completed your state-approved program of preparation which, in your state, leads to a certificate comparable to the specific types listed below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the registrar, certification officer or other authorized official. Forward the form to the Regional Superintendent's office listed above by the applicant.

Type of Certificate for Which Application is Being Made:

Teaching Certificate:

- [ ] Early Childhood
- [ ] Elementary (K-9)
- [X] High School (6-12)

Teaching Field(s):

- [ ] Social Studies Major—Senior High/Junior High/Middle School Government, Primary Area, 5-12
- [ ] World Civilization, Supporting Area, 5-12
- [ ] U.S. History, Supporting Area, 5-12

SCHOOL SERVICE PERSONNEL CERTIFICATE (K-12):

- [ ] Guidance
- [ ] School Social Worker
- [ ] School Psychologist
- [ ] School Nurse

ADMINISTRATIVE CERTIFICATE:

- [ ] General Supervisory (K-12)
- [ ] General Administrative (K-12) (Principal)
- [ ] Superintendent (K-12)
- [ ] Chief School Business Official

I certify that the applicant has completed all requirements of our approved program for which recommendation is given.

[Signature of Registrar or Authorized Official]

Jan. 4, 2000
REQUEST FOR ISSUANCE OF PROVISIONAL CERTIFICATE

DIRECTIONS: Please read the following information carefully and complete the bottom portion of the form. This form may be submitted with your application or forwarded at a later date through the office of your regional superintendent.

A provisional certificate is issued when an applicant who holds a valid comparable certificate from another state does not meet all of the requirements, including the required state examinations, for a certificate. A provisional certificate is valid for two fiscal years, provided the holder meets the testing requirement within the specified time period. A fiscal year begins on July 1 and ends on June 30 of the next calendar year. The first year of a provisional certificate expires on June 30 following the date of issue.

A provisional certificate may be used during the period of its validity for appropriate employment. During the validity period, the holder may take additional coursework to remove deficiencies, including completing the required state examinations. However, the applicant should be aware of the following:

1) The application fee will be valid during the first fiscal year for removal of deficiencies. During this period, if all the deficiencies have been removed the provisional certificate may be returned and reissued without an additional fee as a standard certificate. After June 30, the holder must pay an additional fee to receive a standard certificate.

2) If a provisional certificate is issued with a deficiency of one or more of the required state examinations, the certificate holder will have only 9 months from the date of issue to pass the examinations. If the holder does not pass the tests within the 9 month limit, the provisional certificate will be cancelled and rendered invalid. If the holder passes the examinations within the 9 month limit, the certificate will be valid for the remainder of the 2 fiscal year period.

3) In light of (2) above, an applicant applying late in the year or during the summer may wish to have the certificate issued after August 15 in order to have a full year’s employment during which time the holder might complete the required examinations.

4) State law prohibits issuing an individual a second provisional certificate of the same kind.

I have read the information above and I request the issuance of the following provisional certificate:

☐ Early Childhood  ☑ School Service Personnel

☐ Elementary  ☐ Administrative

☑ High School  ☐ Special

1/17/2000  KEITH R.W. MATUNE  Social Security Number

ISSUE 73-63 (1969)
Applicant Name:    Matune, Keith R.W.
Social Security No.:    [Redacted]
Certificate Type:    High School 6-12 Teaching

The statements listed below this section indicate deficiencies resulting from an evaluation for the certificate indicated above.

Effective February 15, 2000, a new multi-level certificate structure will be implemented. All deficiencies, including Illinois certification tests, must be removed by February 15, 2000, to qualify for the current 4-year Standard certificate.

After February 15, 2000, an initial 4-year certificate will be issued, unless the applicant provides evidence of a minimum of 4 years of teaching experience and also passes the assessment requirement for the 5-year Standard certificate. If the teaching experience and the assessment requirements are met, the applicant will be issued a 5-year Standard certificate.

Professional Education

3.0 semester hours in the psychology, identification and teaching methods for exceptional children, explicitly including the learning disabled child.

Additional Information

- To obtain a Provisional certificate, the applicant must provide a copy of a comparable, valid out-of-state certificate.

Timeline

This evaluation is valid until: 02/08/2003

After this date, the applicant must submit a new application and fee and meet any new requirements adopted subsequent to this application.
As of February 1, 1996, the Illinois State Board of Education no longer accepts direct correspondence from applicants. Applicants should send official transcripts, course descriptions and any other correspondence to their regional superintendent's office. Questions should be directed to your Regional Office of Education at the telephone number below:

REGIONAL OFFICE OF EDUCATION
KACZANOWSKI, JOS
10110 GLADSTONE
WESTCHESTER, IL 60154
(708) 865-9330

Any direct correspondence received by the Illinois State Board of Education after February 1, 1996 will be returned to the sender.

We trust this information is of assistance to you.

Sincerely,

Professional Preparation Division

(800) 845-8749  Automated system to hear general information on test dates and registration deadlines or to request registration bulletins and study guides.

(217) 782-0837  TDD (Telecommunications Device for the Deaf)
Applicant Name: Matune, Keith R.W.
Social Security No.: [REDACTED]
Certificate Type: High School 6-12 Teaching

The statements listed below this section indicate deficiencies resulting from an evaluation for the certificate indicated above. Effective February 15, 2000, a new multi-level certificate structure will be implemented. All deficiencies, including Illinois certification tests, must be removed by February 15, 2000, to qualify for the current 4-year Standard certificate.

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Professional Education
3.0 semester hours in the psychology, identification and teaching methods for exceptional children, explicitly including the learning disabled child.

Certification Tests Required

Basic Skills  
Social Science

2.0

Please Note: Results of tests taken within the past six weeks are not included in this evaluation. If more than one subject matter test is listed, you are only required to take one.

Additional Information
- To obtain a Provisional certificate, the applicant must provide a copy of a comparable, valid out-of-state certificate.

Timeline
This evaluation is valid until: 02/08/2003

After this date, the applicant must submit a new application and fee and meet any new requirements adopted subsequent to this application.
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Sincerely,

Professional Preparation Division

(800) 845-8749 Automated system to hear general information on test dates and registration deadlines or to request registration bulletins and study guides.
(217) 782-0837 TDD (Telecommunications Device for the Deaf)
State of Indiana
Teacher's License

The State of Indiana in accordance with Indiana statutes and promulgated rules and regulations of the Indiana Professional Standards Board hereby grants the person named hereon a license to teach those subjects or to serve in the School Services or Administration areas as specified hereon.

Issued: September 14, 2000
Expires: September 14, 2005

License: 698369
Degree: MASTER

Keith R W Matune

GOVERNMENT
UNITED STATES HISTORY
WORLD CIVILIZATION

PRIMARY AREA
SUPPORTING AREA
SUPPORTING AREA

5-12
5-12
5-12

SENIOR HIGH-JUNIOR/MIDDLE SCHL

STANDARD
Internship Required

RULES 46-47
ORIGINAL

Interim Executive Director

It is the teacher's responsibility to become informed of the requirements for renewal and/or professionalization as prescribed by statute and the Indiana Professional Standards Board. Furthermore, the teacher is responsible for providing all such evidence of eligibility to the issuing authority.

State Form 330 (R75-99)
Approved by State Board of Accounts 1998

Any erasure, change or mutilation of this license renders it null and void.
May 10, 2004

To Whom It May Concern:

Keith Matune was employed as an eighth grade social studies teacher at S.E. Gross Middle School, District 95, in Brookfield, Illinois, during the 2003-2004 school year.

Mr. Matune was contracted by the Board of Education, for District 95, as a full-time, tenure track educator in our social studies department during said school year.

If you have any questions regarding Keith Matune’s teaching service at S.E. Gross Middle School, please do not hesitate to contact me.

Sincerely,

[Redacted]

Thomas A. Hurlburt
Principal
May 1, 2003

To Whom It May Concern:

This letter is verification that Keith Matune, SSN [Redacted] was been employed as a full-time teacher in the Social Studies Department at Lyons Township High School District 204 from August 23, 2001 through June 6, 2003.

Sincerely,

[Redacted]

Thomas A. Bill
Director of Personnel

TAB:jp
June 6, 2001

To Whom It May Concern:

Keith Matune was employed as a sixth grade social studies teacher at Maple Middle School, District 30, in Northbrook, Illinois, during the 2000-2001 school year.

Mr. Matune was contracted by the Board of Education, for District 30, as a full-time, tenure track educator in our social studies department during said school year.

If you have any questions regarding Keith Matune's teaching service at Maple School, please do not hesitate to contact me.

Sincerely,

Steven Waitz
Principal
To Whom It May Concern:

May 7, 2003

Please accept this letter as evidence of Keith Matune’s participation in the District 204 Induction and Mentoring Program. Keith was a full participant in Mentoring Program activities during the two years of his employment at Lyons Township High School.

The activities that Keith participated in included, but were not limited to:

- Relationship Training done in conjunction with his mentor.
- Orientation and Introduction to District Administrators and staff.
- Bus tour of the District 204 communities.
- Pre-opening of school lesson planning with his mentor.
- Weekly meetings with his mentor for the purpose of continued orientation, as well as lesson planning.
- Quarterly Informational Meetings to include Audio-Visual Services, Special Education Information, and other current topics
- End of year program evaluation

As Coordinator of the Induction and Mentoring Program, I can attest to Keith’s full participation in all of the required activities. If you need further verification, or have questions, please feel free to contact me.

Sincerely,

Dr. Michele Lenz
Coordinator of Induction & Mentoring
Lyons Township High School
100 South Brainard Avenue
LaGrange, IL 60525
708-579-6500 X5210