



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



STATE-APPROVED PROGRAM VERIFICATION FOR ELEMENTARY MATH SPECIALIST ONLY

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I - TO BE COMPLETED BY APPLICANT

An applicant applying for an Illinois license who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program. The applicant should provide all information requested in Part I of this form. **Please request that the college/university email the completed form to licensureforms@isbe.net. Forms returned to the applicant or Regional Office of Education will not be honored.**

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	EMAIL	
NAME OF COLLEGE/UNIVERSITY		
ADDRESS (Street, City, State, ZIP Code)		TELEPHONE (Include Area Code)

PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a license comparable to elementary math specialist. **The licensure officer, registrar, or other authorized official should provide the information requested below and return the form to licensureforms@isbe.net. Forms returned to the applicant or Regional Office of Education, will not be honored.**

AREA FOR WHICH APPLICATION IS BEING MADE

- ELEMENTARY MATH SPECIALIST (Grade 1-6)
18 semester hours of coursework in Math including:
- Yes No Mathematical content knowledge
 - Yes No Mathematical practices
 - Yes No Development of mathematical understanding in elementary education
 - Yes No Elementary mathematics pedagogy and assessment
 - Yes No Leadership and adult learning
 - Yes No Fieldwork with a practicum

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	EMAIL

- Yes No *I certify that the applicant has completed all requirements of our approved program in effect at the time of the applicant's attendance for which recommendation is given.*

Date

Digital or Original Signature of Authorized Official