



# 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](mailto:licensureforms@isbe.net). Forms submitted by 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](mailto: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