



**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 submitted by the applicant or Regional Office of Education will not be honored.**

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE
APPLICANT ADDRESS (Street, City, State, ZIP Code)	PHONE (Include Area Code)	EMAIL

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

DIRECTIONS: The licensure officer, the registrar, or the dean of the College of Education should complete the information below. Then, please proceed to Section III.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	EMAIL	

YES **NO** *I certify that the information provided below is true and correct.*

Digital or Original Signature of Authorized Official

Date

PART III - 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:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mathematical content knowledge | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Elementary mathematics pedagogy and assessment |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mathematical practices | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Leadership and adult learning |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Development of mathematical understanding in elementary education | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fieldwork |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Practicum |

PART IV – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

COMPLETION OF ILLINOIS STANDARDS VERIFICATION: Please verify that the above-named applicant has completed coursework addressing the standards listed below (further explanation addressed in Part 25.25(a)). Standards can be met by the applicant having completed coursework in each specific area or if the content coursework was infused within the completed program. If the standards have already been met, the educator will not be required to complete additional coursework.

Yes No

- Methods of instruction of the exceptional child in cross-categorical special education
Course Number/Title: _____ Date Completed: _____
- Methods of reading and reading the content area
Course Number/Title: _____ Date Completed: _____
- Instructional strategies for English language learners
Course Number/Title: _____ Date Completed: _____

PART V – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

TESTING VERIFICATION: Please verify that the above-named applicant has successfully passed the following test(s), which led to licensure in your state.

If the applicant did not receive licensure in your state, the Board of Education in the state in which they are currently licensed must provide verification of the test used for licensure purposes (via ISBE Form 80-03A Confirmation of Out-of-State Licensure Testing). For example, an educator completed preparation program at an Iowa institution and obtains Iowa licensure - use this form. An educator who completed a program in Iowa (but is not licensed in Iowa) and obtains licensure in Missouri, should use ISBE Form 80-03A. **Please send copies of score reports to licensureforms@isbe.net.**

I have reviewed the information above and certify that the person named in Part I passed the following test(s). (Check all that apply.)

- CONTENT AREA TEST(S)** – Required by the state of _____ for issuance of a license.
Specific to content area of licensure.
Name of Test: _____ Date Passed: _____
- NO TESTS WERE REQUIRED AS PART OF THIS PROGRAM** _____
- TESTS WERE REQUIRED IN THIS PROGRAM BUT NOT COMPLETED** _____

PART VI – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

All professional education and content-area coursework required for the issuance of an Illinois license, endorsement, or approval must have been passed with a grade of no lower than a “C-” or equivalent. Grades of “P” (Passing) or “S” (Satisfactory) cannot be honored for licensure until verification is provided by the **licensure officer, the registrar, or the dean of the College of Education** that these grades are equivalent to a “C-” or above.

MARK ONE OR MORE OF THE CHOICES BELOW:

- P** (PASSING, **S** (SATISFACTORY or **CR** (CREDIT GRADES ARE EQUIVALENT TO A "C-" OR ABOVE.
- P** (PASSING OR **S** (SATISFACTORY GRADES ARE EQUIVALENT TO A "D" OR BELOW

ADDITIONAL COMMENTS: