

NOTE TO CITY OF CHICAGO DISTRICT SUPERINTENDENTS/DIRECTORS OF SPECIAL EDUCATION: These applications should be mailed to the Educator Effectiveness Division, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
 Educator Effectiveness Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001



REQUEST FOR APPROVAL OF ADAPTED PHYSICAL EDUCATION TEACHER (PPE)

IMPORTANT: To be evaluated for the PPE approval, you must also apply online and pay the applicable fee through your Educator Licensure Information System (ELIS) account. You can access your ELIS account at <https://sec3.isbe.net/IWASNET/login.aspx>.

DIRECTIONS: The hiring school district should complete this form and return to the address on the top of this form.

NAME OF EMPLOYEE (Last, First, Middle Initial, Maiden)	SOCIAL SECURITY NUMBER OR IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	EMPLOYMENT DATE (mm/dd/yyyy)
	E-MAIL	
NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT	REGION, COUNTY, DISTRICT, TYPE CODE	TELEPHONE NUMBER (Include Area Code)
ADDRESS OF EMPLOYER	NAME OF CONTACT PERSON	
	E-MAIL	

I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge and have been prepared in accordance with 105 Illinois School Code 5/14-12.01, Account of Expenditures – Cost Report – Reimbursement and the Rules and Regulations to Govern the Administration and Operation of Special Education.

_____ *Date* _____ *Original Signature of School District Superintendent (if applicable)*

_____ *Typed or Printed Name of State-Approved Director of Special Education* _____ *Date* _____ *Original Signature of State-Approved Director of Special Education*

The State-Approved Directory of Special Education Service Administrators is available at www.isbe.net/funding/pdf/sped_admin_directory.pdf.