

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



NOTIFICATION OF SCHOOL SUPPORT PERSONNEL INTERN ELIGIBILITY STATUS

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

INSTRUCTIONS FOR COMPLETING THE FORM: Please print or type. The applicant must complete Section A and have the licensure officer at the entitling institution sign and seal Section B. Once Sections A and B are complete, the applicant must give the form to the hiring school district. The District Superintendent or Director of Special Education must complete Section C and submit the completed form to Educator Effectiveness at licensureforms@isbe.net.

SECTION A - To be completed by applicant.

| | | |
|--|--|------------------------------------|
| PRINT NAME (Last, First, Middle, Maiden) | SOCIAL SECURITY NUMBER OR IEIN | BIRTHDATE (mm/dd/yyyy) |
| ADDRESS (Street, City, State, Zip Code) | SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | E-MAIL |
| | TELEPHONE (Include Area Code) Home | TELEPHONE (Include Area Code) Work |

Application is for: School Nurse Intern Eligibility (PNA) School Social Worker Intern Eligibility (PSW)
 School Psychologist Intern Eligibility (PSP) Interim Speech Language Pathologist Intern
 Interim School Counselor Intern

I do hereby affirm that the information provided above is true, correct and complete.

_____ _____
 Date Original Signature of Applicant

SECTION B – To be completed by the education institution approved to train school support personnel by the State Educator Preparation and Licensure Board, or the respective board in another state that licenses educators.

The intern has met the academic requirements of the approved school support personnel program and is recommended for approval to participate in an internship program for academic year _____.

[SEAL]

 Institution Submitting Application

_____ _____
 Date Original Signature of Institution Licensure Officer

SECTION C – To be completed by the hiring school district.

| | | |
|---|--------------------------------------|------------------------------------|
| NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT | DATE OF EMPLOYMENT | REGION, COUNTY, DISTRICT TYPE CODE |
| ADDRESS OF EMPLOYER (Street, City, State, Zip Code) | NAME OF CONTACT PERSON | |
| | TELEPHONE NUMBER (Include Area Code) | E-MAIL |

I certify that the information above is 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

 Original Signature of State-Approved Director of Special Education