



Illinois State Board of Education

100 North First Street, S-306
Springfield, Illinois 62777-0001



NOTIFICATION OF SCHOOL SUPPORT PERSONNEL INTERN ELIGIBILITY STATUS

EDUCATOR EFFECTIVENESS DIVISION

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

School Nurse Intern Eligibility (PNA)

Y N

- Enrolled in an Illinois Approved School Nurse Program

School Psychologist Intern Eligibility (PSP)

Y N

- Enrolled in an Illinois Approved School Psychologist Program

School Social Worker Intern Eligibility (PSW)

Y N

- Enrolled in an Illinois Approved School Social Worker Program

Y N

- Program Accredited by Council on Social Work Education (CSWE)

Interim Speech Language Pathologist Intern

Y N

- Completed master's degree or higher in SLP accredited by American Speech Language Hearing Association (ASHA)

Y N

- Passed a test of basic skills

Interim Speech Language Pathologist Intern (continued)

Y N

Passed the SLP Non-teaching Test (#154)

Y N

Holds **one** of the following:

Y N

Illinois Department of Financial and Professional Regulation (IDFPR) License

Y N

Certificate of Clinical Competence, out of state SLP License **AND** has applied for IDFPR License

Y N

Holds or has applied for a temporary IDFPR License

Interim School Counselor Intern

Y N

Meets **one** of the following requirements:

Y N

Completed, as part of an approved program, coursework addressing:

- a. The structure, organization, and operation of the education system, with emphasis on P-12 schools
- b. The growth and development of children and youth, and their implications for counseling in schools
- c. The diversity of Illinois students and the laws and programs that have been designed to meet their unique needs
- d. Effective management of the classroom and the learning process

OR

Y N

Hold a master's or higher degree in the field of community counseling and be working toward completion of all requirements necessary for a school counselor endorsement

_____ *Date* _____ *Original Signature of Institution Licensure Officer*

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

NAME OF <u>EMPLOYING</u> DISTRICT/JOINT AGREEMENT	DATE OF EMPLOYMENT	ELEVEN DIGIT 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*