



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



APPLICATION FOR SHORT TERM EMERGENCY APPROVAL IN SPECIAL EDUCATION

EDUCATOR EFFECTIVENESS DIVISION

Note: City of Chicago Residents should forward this form to the Educator Effectiveness Division, Illinois State Board of Education, 100 North First Street, E-240, Springfield, Illinois 62777-0001.

IMPORTANT: To be evaluated for this 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>.

DIRECTIONS: Return this completed form and the required supporting documentation to the Regional Office of Education or directly to the address listed above. Contact information is in your telephone book under local or county government, or at <https://www.isbe.net/Documents/roedirectory.pdf>.

SECTION I: APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)	
ADDRESS (Street Number, City, State, Zip Code)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL	
	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)	

SECTION II: REQUESTING TEACHER

Pursuant to Rule 25.48, the short-term emergency approval is appropriate for individuals who are working towards the Learning Behavior Specialist I (LBS I) endorsement as indicated but have not yet completed requirements.

I certify that

- I have attached official transcripts showing that I have completed a course in survey of exceptional children and at least one of the other areas required under 23 Ill. Adm. Code 25.43(f).
- I am submitting a description of a plan for the acquisition of an LBS I endorsement valid for the grade range to be taught by completing college-level coursework addressing the following areas (please include course number, title, institution and date of enrollment):

a. Characteristics of special education students: _____

b. Methods of teaching special education: _____

c. Psychological assessment for children with disabilities: _____

Original Signature of Applicant: _____ Date: _____

SECTION III: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT, REGIONAL SUPERINTENDENTS OR NONPUBLIC SPECIAL EDUCATION FACILITY

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME, COOPERATIVE OR JOINT AGREEMENT, EMPLOYING FACILITY		
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)		

As administrator of this entity, I certify that

- I have attached a statement of assurance that supervision will be provided by an individual who holds a professional educator license endorsed for special education supervision pursuant to Section 25.497
- I have attached a description of the students' disabilities and the supervision to be provided to this individual, including the name and qualifications of the supervisor.
- I have attached a statement of assurance that we have exhausted all recruitment efforts and have been unable to secure the services of an individual who is appropriately licensed for the teaching position in question.
- I certify that the teacher named above has indicated a plan to enroll in the coursework specified above leading to endorsement as a Learning Behavior Specialist I and that the plan, as described, can be completed within the three-year period allotted to this approval.

Name

Original Signature

Title

Date