



**Note:** City of Chicago Residents should forward this form to the Educator Effectiveness Division, Illinois State Board of Education, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

**APPLICATION FOR SHORT TERM EMERGENCY  
 APPROVAL IN SPECIAL EDUCATION**

**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 <http://www.isbe.net/regionaloffices/pdf/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<br><input type="checkbox"/> Female | E-MAIL                             |  |
|  | HOME TELEPHONE (Include Area Code)                                   | WORK TELEPHONE (Include Area Code) |  |

**SECTION II: REQUESTING TEACHER**

*Pursuant to Final Transition Rule 25.48, the short-term emergency approval is appropriate only for individuals who are working toward the LBS I as indicated but have not yet completed the requirements.*

*I certify that*

- 1) 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 226.810(b).
- 2) I have attached a plan of education designed to qualify me for licensure or approval as an unlimited LBS I in the three-year period of validity of the requested approval; this plan includes supervised clinical experiences and other courses required for this approval and offered by the institution in which I have enrolled.

\_\_\_\_\_  
*Original Signature of Applicant*

\_\_\_\_\_  
*Date*

**SECTION III: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT 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*

- 1) I have attached a description, bearing my signature, of my efforts to locate a licensed or approved individual to accept this teaching position.
- 2) 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.
- 3) I certify that I have been unable to secure the services of an appropriately licensed or approved educator and that any such individuals interviewed did not meet district criteria for hire.
- 4) I certify that the teacher named above has indicated; in writing; a plan to enroll in a teacher preparation program 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*

**SECTION IV: COLLEGE/UNIVERSITY VALIDATION**

*As licensure officer of this institution, I certify that the teacher named above is enrolled in a teacher preparation program leading to an endorsement as a Learning Behavior Specialist I and that the plan, as described, can be completed in the three-year period allotted to this approval.*

(Seal)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Original Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*I recommend issuance of this endorsement.*

\_\_\_\_\_  
*Region*

\_\_\_\_\_  
*Regional Superintendent*

\_\_\_\_\_  
*Original Signature*

\_\_\_\_\_  
*Date*