



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 DEPARTMENT

IMPORTANT: To be evaluated for this approval, you **must apply online and pay the applicable fee** through your Educator Licensure Information System (ELIS) account. You can access your ELIS account at <https://www.isbe.net/elis>.

DIRECTIONS: After the applicant completes Section I & II, please send this form to the hiring school district or entity to complete Section III. The completed form and the required documentation must be sent directly from the hiring school district or entity to the address above or emailed to us at licensureforms@isbe.net. Forms submitted by the educator will not be honored.

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) endorsements 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):
 - Characteristics of special education students: _____
 - Methods of teaching special education: _____
 - 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 assure that supervision will be provided by the following individual who holds a professional educator license endorsed for special education supervision pursuant to Section 25.497.

Each supervisor must hold ONE of the following options:

- A General Administrative/Principal, Superintendent, or General Supervisory endorsement, **AND** a Learning Behavior Specialist I (PreKindergarten through Age 21) endorsement
- A Director of Special Education endorsement
- A Learning Behavior Specialist I (PreKindergarten through Age 21) supervisory endorsement

NAME (Last, First, Middle, Maiden)	IEIN	CREDENTIALS
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- I assure 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 an endorsement as a Learning Behavior Specialist I and that the plan, as described, can be completed with the three-year period allotted to this approval.

Name

Original Signature

Title

Date