Illinois
State Board of Education

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

**REQUEST FOR SHORT TERM APPROVAL FOR
TEACHERS AT ALL GRADE LEVELS**

73 - 96

EDUCATOR EFFECTIVENESS DEPARTMENT

INSTRUCTIONS: The hiring school district will verify and complete Sections I-III below. Please forward the completed form to the local Regional Office of Education (ROE), where it will be added to the educators ELIS account. Chicago Public Schools may submit the completed form to licensureforms@isbe.net.

SECTION I: APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)	IEIN	HIRE DATE

☐ Educator earned Short Term Approval by completing 9 semester hours of coursework in assigned area

☐ Educator earned Short Term Approval by successfully passing the content test in assigned area

SECTION II: EMPLOYING SCHOOL DISTRICT

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME AND NUMBER
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (include Area Code)

SECTION III: ASSIGNMENT

1. Provide a description of the vacant position, including the subject area and the grade level of assignment.

2. Provide a description of the entity's inability to fill the position with a fully qualified individual.

☐ By checking this box, the district assures that the employing entity has not honorably discharged anyone in the past year who was fully qualified for the position.

☐ By checking this box, the district assures it will provide the teacher to be employed with mentoring and high-quality professional development each year in the subject area to be taught.

As administrator of this entity, I certify that the information above is true and correct.

_____	_____	_____	_____
Name	***Original* Signature**	*Title*	*Date*

SECTION IV: REGIONAL SUPERINTENDENT OF EDUCATION

INSTRUCTIONS: Please sign below and add the completed form to the applicants Educator Licensure Information System (ELIS) account within ten (10) business days of the individual being hired, pursuant Part 25.430(d).

_____	_____	_____	_____
Region	*Regional Superintendent*	***Original* Signature**	*Date*

ISBE 73-96 (3/20)