ILLINOIS STATE BOARD OF EDUCATION

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

77-41A

VERIFICATION OF STANDARDS COMPLETION BY APPROVED OUT-OF-STATE PROGRAM

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I of VII – TO BE COMPLETED BY APPLICANT

An applicant who has completed a state-approved program of preparation at a college or university in another state and is applying for an Illinois license shall use this form to verify completion of the preparation program, testing, and coursework. The applicant should provide all information requested in Part I of this form, and the college/university should complete the rest of the form as applicable. Please request the college/university email the completed form to licensureforms@isbe.net. Forms returned to the applicant or Regional Office of Education will not be honored. For candidates who completed an Illinois State-Approved program, please work directly with the institutionon program requirements through the entitlement process.

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	DATE OF BIRTH
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	
	EMAIL	

Please send a copy of your test scores to licensureforms@isbe.net.

PART II OF VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

State Approved Program and Licensure Test Verification: Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, qualifies the educator for initial licensure. The registrar, licensure officer, or other authorized official should certify the information below. If a test is not required for licensure in your state, mark N/A for columns 3-5.

Subject Areas (i.e. elementary, speech-language pathologist, pricipal, etc.)	Grade Range	Name of Content Test Required for initial licensure in your state	Did this educator pass this test to earn initial licensure in your state?	Date test was passed
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	

☐ *Completion of this program results in a license/certification that allows the applicant to be employed in a school setting in this state.*

PART III OF VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Completion of Illinois Coursework Verification: Please verify that the above-named applicant has completed the coursework listed below. Coursework requirements can be met by the applicant having completed coursework in each specific area or coursework content that was infused within the completed program. ***Note:*** **verification is not needed for applicants trained as Chief School Business Officials, School Counselors, School Psychologists, School Social Workers, Speech-Language Pathologists, School Nurse, or Marriage & Family Therapists.**

☐ **YES** ☐ **NO** Methods of instruction of the exceptional child in cross-categorical special education

Course Number/Title:_____ Date Completed: _____

☐ **YES** ☐ **NO** Methods of reading and reading in the content area

Course Number/Title:_____ Date Completed: _____

☐ **YES** ☐ **NO** Instructional strategies for English language learners

Course Number/Title:_____ Date Completed: _____

PART IV OF VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

All professional education and content-area coursework required for the issuance of an Illinois license, endorsement, or approval must have been passed with a grade of no lower than a “C-” or equivalent. Grades of “P” (Passing) or “S” (Satisfactory) cannot be honored for licensure until verification is provided by the licensure officer, the registrar, or the dean of the College of Education that these grades are equivalent to a “C-” or above.

MARK ONE OR MORE OF THE CHOICES BELOW:

☐ **P** (PASSING, **S** (SATISFACTORY or **CR** (CREDIT GRADES ARE EQUIVALENT TO A "C-" OR ABOVE.

☐ **P** (PASSING OR **S** (SATISFACTORY GRADES ARE EQUIVALENT TO A “D" OR BELOW.

PART V OF VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Student Teaching/Internship: Please verify the above-named applicant has completed student teaching or an internship as part of the state-approved preparation program.

☐ **YES** ☐ **NO** I certify that the applicant has completed student teaching or an internship as part of the state-approved program.

Course Number/Title:_____ Date Completed: _____

(The student teaching or internship can be waived for educators who completed their program in the spring or summer of 2020.)

PART VI OF VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Directions: The licensure officer, the registrar, or the dean of the College of Education should complete the information below.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	EMAIL	

(Continued Next Page)

☐ **YES** ☐ **NO** I certify that the information provided is true and correct.

_____ _____

Digital or Original Signature of Authorized Official | Date

ADDITIONAL COMMENTS: