



Illinois State Board of Education

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



Out-of-State Applicant Request to Waive EdTPA

EDUCATOR EFFECTIVENESS DEPARTMENT

Beginning with applications received July 1, 2015, applicants who completed a teacher preparation program at an out-of-state institution must pass the edTPA or provide evidence of having at least one year of full-time teaching experience and having achieved a "proficient" or higher rating, or the equivalent, on his or her most recent performance evaluation. This form should be used to verify the experience and performance rating required in place of the edTPA. The applicant should complete Part I and instruct the school district to complete Part II.

PART I - TO BE COMPLETED BY APPLICANT

The applicant should provide all information requested in Part I of this form. Please request that the school district e-mail the completed form to licensureforms@isbe.net. Forms returned to the applicant or Regional Office of Education will not be honored.

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	
NAME OF COLLEGE/UNIVERSITY		
ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)

PART II - TO BE COMPLETED ONLY BY THE SCHOOL DISTRICT

Please verify the above-named applicant has achieved a "proficient" or higher rating, or the equivalent, on his or her most recent performance evaluation and has completed one year of full-time teaching experience. A proficient or equivalent rating is considered the second-highest rating an educator can receive on a scale equivalent to excellent, proficient, needs improvement, and unsatisfactory. Please email this completed form to licensureforms@isbe.net. Forms returned to the applicant cannot be honored.

YES NO **I certify the above-named applicant has achieved a "proficient" or higher rating (or equivalent) on his or her most recent performance evaluation.**

Date of Performance Evaluation: _____ Rating Received on Evaluation: _____
(mm/dd/yyyy)

YES NO **I certify the above-named applicant has completed one year of full-time teaching experience.**

Date of Employment: _____

NAME OF SCHOOL	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL	

Date

Original Signature of Authorized Official