

ILLINOIS STATE BOARD OF EDUCATION

Educator Effectiveness Division
100 North First Street, S-306
Springfield, Illinois 62777-0001



Out-of-State Applicant Request to Waive EdTPA

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.

- An official letter verifying one year of full-time teaching experience (if experience was accumulated at more than one district, each district should send a letter. The combined experience must total one full year, or two semesters of full-time teaching.)
A copy of your most recent performance evaluation showing a "proficient" or higher rating, or an equivalent rating.

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.

Form with fields: 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. A proficient or equivalent rating is considered the second-highest rating an educator can receive on a scale equivalent to excellent, proficient, needs improvements, and unsatisfactory.

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: (mm/dd/yyyy) Rating Received on Evaluation:

The above-named applicant has not received a proficient or higher rating on his or her most recent performance evaluation.

Form with fields: 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