



# Illinois State Board of Education

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



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

### EDUCATOR EFFECTIVENESS DEPARTMENT

#### PART I of VII – TO BE COMPLETED BY APPLICANT

An applicant applying for an Illinois license who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program and coursework addressing specific Illinois standards. 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 that the college/university email the completed form to [licensureforms@isbe.net](mailto:licensureforms@isbe.net). Forms returned to the applicant or Regional Office of Education will not be honored. For Illinois approved programs, please work directly with the institution on program requirements through the entitlement process.

|  |                               |                        |
|--|-------------------------------|------------------------|
| APPLICANT'S NAME (Last, First, Middle, Maiden) | IEIN                          | BIRTHDATE (mm/dd/yyyy) |
| ADDRESS (Street, City, State, ZIP Code)        | TELEPHONE (Include Area Code) |                        |
|  | EMAIL                         |                        |

NAME OF COLLEGE/UNIVERSITY

|   |                               |
|---|-------------------------------|
| ADDRESS (Street, City, State, ZIP Code) | TELEPHONE (Include Area Code) |
|---|-------------------------------|

#### PART II 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. Then, please proceed to Section III.

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

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

*Digital or Original Signature of Authorized Official*

*Date*

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

**STATE-APPROVED PROGRAM VERIFICATION:** Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, qualifies the educator for licensure comparable to the specific types listed below. The registrar, licensure officer, or other authorized official should certify the information below. Proceed to Part IV to verify completion of coursework addressing Illinois standards.

**TYPE OF LICENSE / AREAS THE EDUCATOR IS PREPARED TO TEACH**

|   | <b>TEACHING<br/>LICENSE</b>  | <b>ADMINISTRATIVE<br/>LICENSE</b>                           |
|---|--|---|
| <input type="checkbox"/> Early Childhood<br>(Birth-Grade 2) | _____ <small>Age or Grade Level</small>  | <input type="checkbox"/> General Administrative (Principal) |
| <input type="checkbox"/> Elementary (1-6)                   | _____ <small>Grade Level</small>   | <input type="checkbox"/> Superintendent                     |
| <input type="checkbox"/> Middle Grades (5-8)                | _____ <small>Grade Level</small>   | <input type="checkbox"/> Chief School Business Official     |
| <input type="checkbox"/> Secondary (6-12)                   | _____ <small>Teaching Fields</small>   | <input type="checkbox"/> Director of Special Education      |
| <input type="checkbox"/> Special (K-12 or K-22)             | _____ <small>Grade Level and/or Teaching Field(s)</small>  |   |
| <input type="checkbox"/> Other                              | _____<br>_____<br>_____ <small>Grade Level and/or Teaching Field(s)<br/>the educator was prepared to teach</small> |   |

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

**COMPLETION OF ILLINOIS STANDARDS VERIFICATION:** Please verify that the above-named applicant has completed coursework addressing the standards listed below (further explanation addressed in Part 25.25(a)). Standards can be met by the applicant having completed coursework in each specific area or if the content coursework was infused within the completed program. If the standards have already been met, the educator will not be required to complete additional coursework. Proceed to Part V to verify successful completion of testing for licensure.

**Yes No**

|                          |                          |  |                       |
|--------------------------|--------------------------|--|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Methods of instruction of the exceptional child in cross-categorical special education |                       |
|                          |                          | Course Number/Title: _____   | Date Completed: _____ |
| <br>                     |                          |  |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Methods of reading and reading in the content area                                     |                       |
|                          |                          | Course Number/Title: _____   | Date Completed: _____ |
| <br>                     |                          |  |                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Instructional strategies for English language learners                                 |                       |
|                          |                          | Course Number/Title: _____   | Date Completed: _____ |

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

**TESTING VERIFICATION:** Please verify that the above-named applicant has successfully passed the following test(s), which led to licensure in your state.

If the applicant did not receive licensure in your state, the Board of Education in the state in which they are currently licensed must provide verification of the test used for licensure purposes (via ISBE Form 80-03A Confirmation of Out-of-State Licensure Testing). For example, an educator completed preparation program at an Iowa institution and obtains Iowa licensure - use this form. An educator who completed a program in Iowa (but is not licensed in Iowa) and obtains licensure in Missouri, should use ISBE Form 80-03A. **Please send copies of score reports to [licensureforms@isbe.net](mailto:licensureforms@isbe.net).**

I have reviewed the information above and certify that the person named in Part I passed the following test(s). (Check all that apply.)

- ☐ **CONTENT AREA TEST(S)** – Required by the state of \_\_\_\_\_ for issuance of a license.  
Specific to content area of licensure.

Name of Test: \_\_\_\_\_ Date Passed: \_\_\_\_\_

- ☐ **NO TESTS WERE REQUIRED AS PART OF THIS PROGRAM** \_\_\_\_\_

- ☐ **TESTS WERE REQUIRED IN THIS PROGRAM BUT NOT COMPLETED** \_\_\_\_\_

**PART VI 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

**ADDITIONAL COMMENTS:**

**PART VII of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

**DIRECTIONS:** Please verify that the above-named applicant has completed student teaching as part of the state-approved preparation program.

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

Course Number/Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- ☐ **YES** ☐ **NO** If YES, was student teaching completed prior to September 1, 2015?

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