



Illinois State Board of Education

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



STATE-APPROVED PROGRAM AND COMPLETION OF STANDARDS VERIFICATION

EDUCATOR EFFECTIVENESS DIVISION

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

DIRECTIONS: Please complete the information below, date it, and affix the signature of the licensure officer, the registrar, or the dean of the college of education. Then, e-mail this form to the Illinois State Board of Education at licensureforms@isbe.net. Forms returned to the educator will not be honored.

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

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

Signature of Authorized

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 FOR WHICH APPLICATION IS BEING MADE

	TEACHING LICENSE	ADMINISTRATIVE LICENSE
<input type="checkbox"/> Early Childhood (Birth-Grade 3)	_____ Age or Grade Level	<input type="checkbox"/> General Administrative (Principal)
<input type="checkbox"/> Elementary (K-9)	_____ Grade Level	<input type="checkbox"/> Superintendent
<input type="checkbox"/> Middle Grades (5-8)	_____ Grade Level	<input type="checkbox"/> Chief School Business Official
<input type="checkbox"/> Secondary (6-12)	_____ Teaching Fields	<input type="checkbox"/> Director of Special Education
<input type="checkbox"/> Special (K-12)	_____ Grade Level and/or Teaching Field(s)	
<input type="checkbox"/> Other	_____ Grade Level and/or Teaching Field(s)	

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

- Methods of instruction of the exceptional child in cross-categorical special education
- Methods of reading and reading in the content area
- Instructional strategies for English language learners

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) that 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 he/she is currently licensed must provide verification of the test used for licensure purposes (via ISBE Form 80-03A Confirmation of Out-of-State Licensure Testing. (e.g. Educator completed preparation program at an Iowa institution and obtains Iowa licensure - use this form. An educator who completed a program in Iowa, does not obtain Iowa licensure, but obtains licensure in Missouri, should use ISBE Form 80-03A (5/17).

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

- BASIC SKILLS** - a uniform test required by the state of _____ for issuance of a license.
The Illinois Basic Skills Test is designed to assess knowledge of fundamental skills in reading, mathematics, writing, and language arts.

Date Passed: _____

- CONTENT AREA TEST(S)** – required by the state of _____ for issuance of a license.
Specific to content area of licensure.

Date Passed: _____

- TEACHER PERFORMANCE ASSESSMENT** - A performance based assessment that requires candidates to submit a portfolio of materials (such as video clips and lesson plans) demonstrating skills and knowledge essential for teaching. (EX.- edTPA, PPAT)

Date Passed: _____

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

Effective February 1, 2012, 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 "C" 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.