



Illinois State Board of Education

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



STATE-APPROVED PROGRAM AND COMPLETION OF STANDARDS VERIFICATION (School Support Personnel Only)

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, coursework, internship, and/or experience addressing specific Illinois requirements. The applicant should provide all information requested in Part I of this form, and the college/university should complete Parts II, III, IV, V, and VI. **Please request that the college/university forward the completed form directly 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	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, Zip 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 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, leads to a license comparable to the specific types listed below. The registrar, licensure officer, or other authorized official must sign and date below. Proceed to Part III to verify completion of coursework addressing Illinois Standards.

TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE

- School Counselor
 School Nurse
 School Social Worker
 School Psychologist
 Speech Language Pathologist, Non-Teaching

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

PART IV of VIII – 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

COMPLETION OF INTERNSHIP VERIFICATION: Please verify that the above-named applicant has completed the internship and/or experience requirements listed below for the applicable area.

Yes No SCHOOL SOCIAL WORKER INTERNSHIP VERIFICATION:

- Completed a supervised field experience of at least 400 contact hours, supervised by a field instructor holding a master's or higher degree in social work, **AND**
- Internship experience of at least 600 contact hours in a school setting.

Yes No SCHOOL COUNSELOR INTERNSHIP VERIFICATION (**ONE OF THE FOLLOWING**):

- Two years of teaching experience and internship experience with 400 clock hours with at least 240 hours of direct service work, OR
- Internship experience of at least 600 clock hours (at least one semester in length) with at least 240 hours of direct service work OR
- Member of the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

Yes No SCHOOL PSYCHOLOGIST INTERNSHIP VERIFICATION:

- Completed a supervised field experience of at least 250 hours in a school setting and/or child student center, **AND**
- Completed a one-year, full-time internship under the direction of an intern supervisor.

Yes No SCHOOL NURSE INTERNSHIP VERIFICATION (**ONE OF THE FOLLOWING**):

- Completed an internship under the direction of an intern supervisor of at least 300 hours supervised by a school nurse who holds a school nurse endorsement, has two full school years of experience as a school nurse, and has one full year of experience with his/her current employer, OR
- Completed two years of experience as a school nurse prior to 1972.

Yes No SPEECH LANGUAGE PATHOLOGIST (non-teaching) INTERNSHIP VERIFICATION:

- 150 hours of supervised, school-based professional experience that consists of activities related to aspects of practice addressed in the content-area standard located in 25.250 and 23 Ill. Adm. Code 28 with respect to:
 - planning and intervention
 - the learning environment
 - service delivery
 - professional conduct and ethics, and
 - facilitation and advocacy

PART VI 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: _____

PART VII 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.

DIRECTIONS: Please check the appropriate box(es) below. Please e-mail the completed form to licensureforms@isbe.net. **Forms returned to the educator will not be honored.**

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: