



Illinois State Board of Education

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



APPLICATION FOR SHORT-TERM APPROVAL FOR SCHOOL SUPPORT PERSONNEL

EDUCATOR EFFECTIVENESS DEPARTMENT

IMPORTANT: To be evaluated for this approval, you **must also apply online and pay the applicable fee** through your Educator Licensure Information System (ELIS) account. You can access your ELIS account at <https://www.isbe.net/elis>.

DIRECTIONS: After the applicant completes Section I , please send this form to the hiring school district or entity to complete Section II. The completed form and the required documentation must be uploaded into ELIS by the ROE/ISC or emailed to us from the CPS human resources office at licensureforms@isbe.net. Forms submitted by the educator will not be honored.

SECTION I: APPLICANT INFORMATION

NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street Number, City, State, Zip Code)	E-MAIL	
	HOME TELEPHONE (Include Area Code)	

As applicant

I understand that this short-term approval is valid for three full fiscal years and that I must (1) complete an educator preparation program and (2) apply for the professional educator license prior to the short-term approval expiring. Furthermore, I verify my enrollment or intent to enroll in coursework required as part of a state-approved educator preparation program.

Name Original Signature Date

NAME OF COLLEGE / UNIVERSITY	PROGRAM NAME	ANTICIPATED ENROLLMENT DATE
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SECTION II: TO BE COMPLETED BY THE EMPLOYING SCHOOL DISTRICT

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME	
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)	

As administrator of this entity

- I assure that we have not honorably discharged anyone in the past year who was fully qualified for the position.
- I assure that we will provide the educator to be employed with mentoring and high-quality professional development each year in the subject area of the approval.
- I assure that supervision the individual will receive will be from the following individual in the school of assignment who holds a PEL endorsed for director of special education, general administration, principal, or superintendent.

NAME OF SUPERVISOR (Last, First, Middle, Maiden)	IEIN	LICENSE AND ENDORSEMENT HELD
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- I assure this individual will be provided with mentoring and high quality professional development in their school support personnel area for the duration each year that they are employed on the approval.

NAME OF MENTOR (Last, First, Middle, Maiden)	IEIN	LICENSE AND ENDORSEMENT HELD
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5) Please provide a description of the vacant position, including the subject area, grade level, and a description of the entity's inability to fill the position with a fully qualified individual.

6) Please provide a description of the mentoring and professional development this individual will receive in their school support personnel area.

I verify that the above information is true and accurate.

Name *Original Signature* *Title* *Date*

SECTION III: TO BE COMPLETED BY THE REGIONAL SUPERINTENDENT OF EDUCATION (For City of Chicago, Human Resource Department or Talent Office of Chicago Public Schools)

As administrator of this entity

- I have verified this form is completed in its entirety, was submitted directly by the hiring district, and that the supervisor for this approval holds a professional educator license endorsed for Director of Special Education, general administration, principal, or superintendent.

Name *Original Signature* *Title* *Date*