



Illinois State Board of Education

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



APPLICATION FOR SHORT-TERM APPROVAL FOR INDIVIDUALS WHO DO NOT HOLD A PROFESSIONAL EDUCATOR LICENSE

EDUCATOR EFFECTIVENESS DEPARTMENT

IMPORTANT: You **also must apply online and pay the applicable fee** through your [Educator Licensure Information System \(ELIS\) account](#) to be evaluated for this approval.

DIRECTIONS: The applicant should complete Section I and then send this form to the school district or entity that will be hiring so Section II can be completed. The completed form and the required documentation must be uploaded into ELIS by the ROE/ISC or emailed to us at licensureforms@isbe.net by the Chicago Public Schools (CPS) Talent Office. 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)	EMAIL	
	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 (PEL) prior to the expiration of the short-term approval. Furthermore, I verify my enrollment or intent to enroll in coursework required as part of a state-approved educator preparation program.

_____ Name _____ Digital or 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

- 1) I assure that we have not honorably discharged anyone in the past year who was fully qualified for the position.
- 2) 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.
- 3) 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 general administration, principal, or superintendent.

NAME OF SUPERVISOR (Last, First, Middle, Maiden)	IEIN	LICENSE AND ENDORSEMENT HELD
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- 4) I assure that mentoring and instructional coaching will be provided from the following individual who holds a PEL endorsed in a teaching field.

NAME OF MENTOR (Last, First, Middle, Maiden)	IEIN	LICENSE AND ENDORSEMENT HELD
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- 5) I assure that I will file the mandatory instructional coaching and mentoring report, via ISBE Form 83-82: State of Illinois Mentoring and Instructional Coaching Log, with my ROE/ISC by June 30 of each year of the individual's employment. (The report template is attached to this form and should be updated weekly.)

6) Please include a description of the mentoring and instructional coaching the individual will receive while working on this approval. Note that instructional coaching must occur on an ongoing basis. Coaches must schedule at least one meeting per week with the applicant and document those meetings with the hiring district and evidence of weekly meetings must be filed with your ROE/ISC on an annual basis.

7) 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.

I verify that the above information is true and accurate.

Name

Digital or Original Signature

Title

Date

SECTION III: TO BE COMPLETED BY THE REGIONAL SUPERINTENDENT OF EDUCATION (CPS Talent Office for Chicago applicants)

As administrator of this entity

- I have verified this form is completed in its entirety, was submitted directly by the hiring district.
- I have verified that the mentor/instructional coach and supervisor listed in Section II, items 3 and 4, hold the required licensure and endorsements.

Name

Digital or Original Signature

Title

Date