



# 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:** 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](mailto: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.

<i>Name</i>	<i>Original Signature</i>	<i>Date</i>

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 general administration, principal, or superintendent.

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

NAME OF MENTOR (Last, First, Middle, Maiden)	IEIN	LICENSE AND ENDORSEMENT HELD
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- I assure that I will file the mandatory instructional coaching and mentoring report, via ISBE form 83-82: Verification of Mentoring and Coaching to Short-Term Approval Holders, 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*                      *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.
- I have verified that the mentor/instructional coach and supervisor listed in Section II, items 3 and 4, hold the required licensure and endorsements.

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*Name*                      *Original Signature*                      *Title*                      *Date*