



Illinois State Board of Education

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



APPLICATION FOR SHORT-TERM EMERGENCY APPROVAL IN EARLY CHILDHOOD SPECIAL EDUCATION, BLIND AND VISUALLY IMPAIRED, OR DEAF AND HARD OF HEARING

EDUCATOR EFFECTIVENESS DEPARTMENT

- Early Childhood Special Education Blind and Visually Impaired Deaf and Hard of Hearing

IMPORTANT: You **also must also 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)	

SECTION II: REQUESTING TEACHER

I verify that

I am enrolled or intend to enroll in coursework at _____ as required as part of a state-approved educator preparation program.

_____ *Typed or Printed Name of Applicant* _____ *Date* _____ *Digital or Original Signature of Applicant*

SECTION III: BRAILLE OR SIGN LANGUAGE PROFICIENCY

- Braille Sign Language

As the state-approved director of special education, I verify that the above-named individual has demonstrated proficiency in braille/sign language.

_____ *Typed or Printed Name of Hiring District's State-Approved Director of Special Education* _____ *Date* _____ *Digital or Original Signature of Hiring District's State-Approved Director of Special Education*

See the [Directory Listing of Special Education Service Administrators](#).

SECTION IV: FOR EMPLOYING PUBLIC SCHOOL DISTRICT, COOPERATIVE, JOINT AGREEMENT, REGIONAL SUPERINTENDENTS, OR NONPUBLIC SPECIAL EDUCATION FACILITY

REGION, COUNTY, DISTRICT, TYPE CODE/FACILITY CODE	DISTRICT NAME, COOPERATIVE OR JOINT AGREEMENT, EMPLOYING FACILITY
ADDRESS (Street Number, City, State, ZIP Code)	TELEPHONE (Include Area Code)

As administrator of this entity

- 1) I assure that supervision will be provided by an individual who holds a Professional Educator License (PEL) endorsed for director of special education pursuant to Section 25.48.

SUPERVISOR NAME (Last, First, Middle, Maiden)	IEIN	CREDENTIALS
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- 2) I assure that we have exhausted all recruitment efforts and have been unable to secure the services of an individual who is appropriately licensed for the teaching position in question.

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

SECTION V: 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, and was submitted directly by the hiring district.
- I have verified that the supervisor holds a PEL endorsed for director of special education.

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