Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Illinois State Board of Education

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

83-90

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: 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 & II, please send this form to the hiring school district or entity to complete Section III. 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)	

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*

The State-Approved Directory is available at https://www.isbe.net/Documents/sped_admin_directory.pdf

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 endorsed for director of special education pursuant to Section 25.48. The following is a description of the supervision the individual will receive

SUPERVISOR NAME (Last, First, Middle, Maiden)	IEIN	CREDENTIALS

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 (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 supervisor holds a professional educator license endorsed for director of special education.

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

Submit via Email

Print Reset Form