ILLINOIS STATE BOARD OF EDUCATION
100 North First Street, E-240
Springfield, Illinois 62777-0001

95-31

OUT-OF-COUNTRY EVALUATION SERVICE OFFICIAL DOCUMENTATION VERIFICATION

EDUCATOR EFFECTIVENESS DEPARTMENT

INSTRUCTIONS: This form is to be completed by the Out-of-Country Evaluation Service. This form is required, in conjunction with an official evaluation, for individuals who completed an educator-preparation program in a country other than the United States and are seeking the Illinois Professional Educator License (PEL). Once complete, please email this form to licensureforms@isbe.net.

SECTION I: TO BE COMPLETED BY EVALUATION SERVICE

NAME OF ORGANIZATION	NAME OF AUTHORIZED OFFICIAL	DATE
ADDRESS (Street, City, State, ZIP Code)	EMAIL	PHONE (Include Area Code)
	WEBSITE ADDRESS	

SECTION II: APPLICANT'S INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
AREA/SUBJECT OF TEACHER PREPARATION	GRADE BAND OF PREPARATION PROGRAM	

SECTION III: DOCUMENTS USED FOR EVALUATION

The evaluation was based on official documents either received in a sealed envelope or sent electronically directly from the school/organization.	☐ YES ☐ NO
The evaluation was based on documents sent directly from the applicant named above.	☐ YES ☐ NO
The evaluation was based on documents submitted by a third-party on behalf of the applicant. *If yes, please specify the name of the third party.:* _____	☐ YES ☐ NO
Other. *Please explain*	☐ YES ☐ NO

As the undersigned, I understand that providing fabricated information can result in the Illinois State Board of Education removing this organization from the list of approved evaluation providers.

Digital or Original Signature of Authorized	Printed Name/Title	Date

Print Reset Form