



# Competency-Based High School Graduation Requirements Pilot Program Information & Request for Applications

October 26 and October 30, 2018





## What is Competency-Based Education?

- Competencies are
  - Explicit, measurable, and transferable; and
  - Emphasize application and creation of knowledge, along with the development of important skills and dispositions.
- Educators and schools ensure that students receive timely, differentiated support based on their individual needs
- Assessment is meaningful and a positive learning experience.
- Students advance after mastery.

*Adapted from Sturgis, Patrick, & Pittenger, 2011*



## What is a Competency?

A competency is more than just a standard.

A competency...

- Includes nonacademic areas;
- Requires integration of multiple standards;
- Includes both knowledge and skills; and
- Enables a student to apply and expand his or her learning over time.



## In Illinois' Competency-Based Learning System, Students Must.....

- Demonstrate mastery of all required competencies to earn credit;
- Demonstrate mastery of adaptive competencies defined by the school district, in addition to academic competencies;
- Advance once they have demonstrated mastery; receive more time and personalized instruction, if needed, to demonstrate mastery;
- Have the ability to attain advanced postsecondary education and career-related competencies beyond those needed for graduation;
- Be assessed using multiple measures to determine mastery, usually with requirements to apply knowledge; and
- Be able to earn credit toward graduation requirements in ways other than traditional coursework—for example, learning opportunities outside the traditional classroom setting (such as supervised career development experiences).



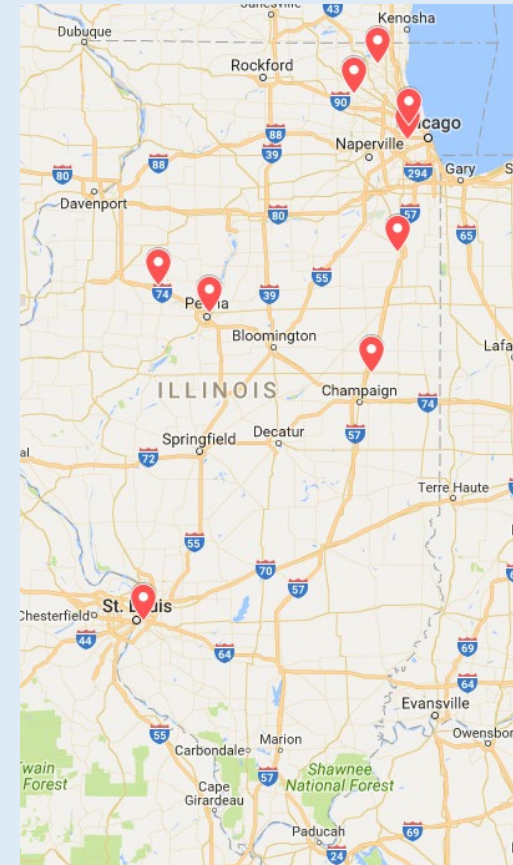
## Illinois Competency Pilot Overview

- In April 2017, ten school districts were announced as part of the first cohort.
- On March 22, 2018, six school districts were announced as part of the second cohort.
- On September 10, 2018, four additional school districts were announced as part of the second cohort.
- Pilot districts may request waiver or modification of state mandates or rules to support implementation. Limitations are outlined in statute.



## Illinois Competency Pilot Districts Cohort 1

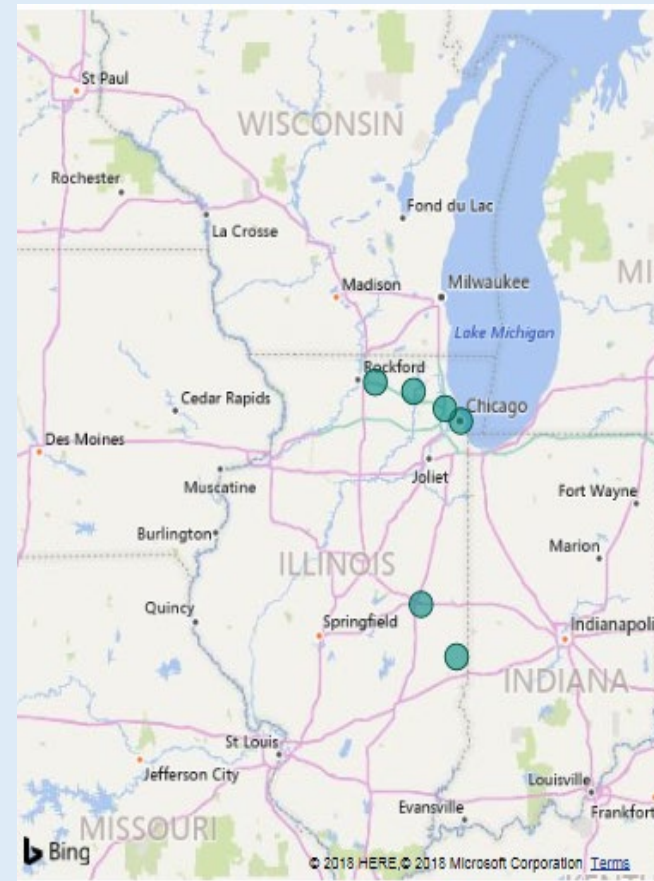
1. City of Chicago Public School District 299
2. East St. Louis School District 189, East St. Louis
3. Huntley Community School District 158, Algonquin
4. Kankakee School District 111, Kankakee
5. Peoria Public School District 150, Peoria
6. Proviso Township High School District 209, Forest Park
7. Rantoul Township High School District 193, Rantoul
8. Ridgewood High School District 234, Norridge
9. Round Lake Community Unit School District 116, Round Lake
10. Williamsfield Community Unit School District 210, Williamsfield





## Illinois Competency Pilot Districts Cohort 2

1. Belvidere Community Unit School District 100, Belvidere
2. City of Chicago Public School District 299
3. Community School District 300, Algonquin
4. Maine Township High School District 207, Park Ridge
5. Paris Cooperative High School, Paris
6. Urbana School District 116, Urbana

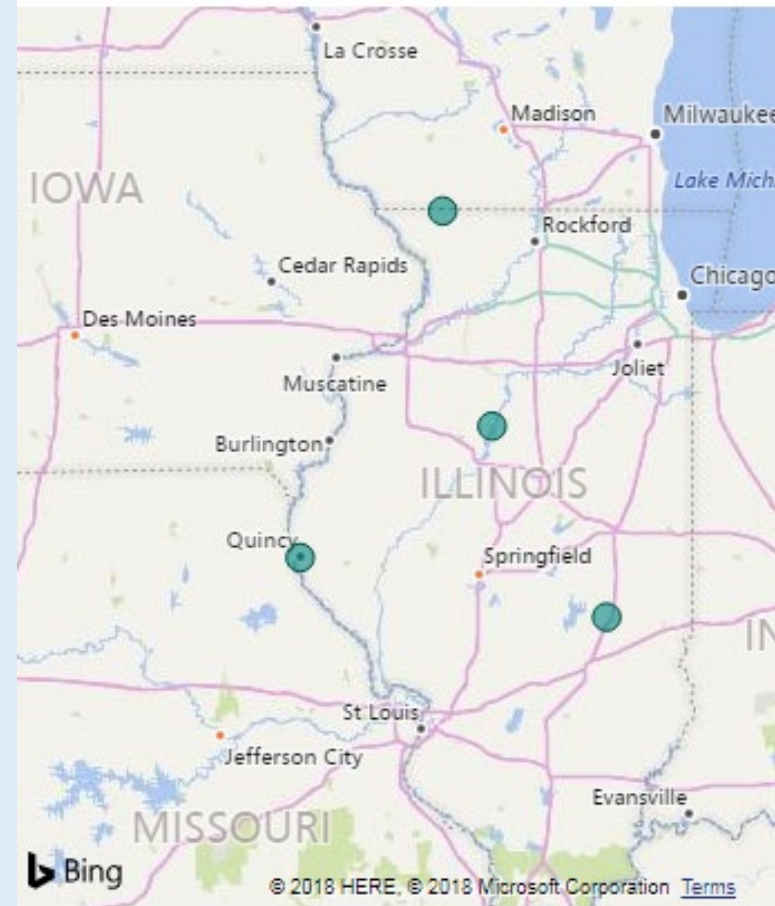






## Illinois Competency Pilot Districts Cohort 2

1. Illinois Valley Central School District 321, Chillicothe
2. Mattoon Community Unit School District 2, Mattoon
3. Quincy School District 172, Quincy
4. Warren Community Unit School District 205, Warren





# Competency-Based High School Graduation Requirements Pilot Program Application



## Proposal Format

Each proposal must be submitted in the format outlined below.

### 1) **Cover Packet**

- **Attachment 1** - Complete the requested information. Include all signatures.

### 2) **Proposal Narrative**

- Follow the instructions under Proposal Narrative Requirements.

### 3) **Evaluation and Sustainability**

- Describe how the plan will be monitored and evaluated and how results will be reported.



## Eligible Applicants

- According to Public Acts [99-0674](#) and [100-0599](#):
  - Public school districts may participate in the pilot program for some or all of its schools.
  - School districts may collaboratively apply to participate in the pilot program.
  - Public Act 100-0599 removed the previous limitation for only grades 9-12, so applications may now address all grades.



# District Application



## District Application

- As part of the Request for Application (RFA) process, districts select the year and course graduation requirement it wishes to replace with a competency-based learning system.
- If a district has a student population of fewer than 500,000, all of its schools may participate in the pilot program. Districts with more than 500,000 students may only select six schools to participate in the project.
- Districts have the flexibility to include in the proposed timeline a planning year or immediate implementation.



## Attachment

The district must complete pages 1-9 of the attachment.

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.

**ATTACHMENT 1**

**Illinois State Board of Education**  
 100 North First Street, E-315  
 Springfield, Illinois 62777-0001

**FY 2018  
 COMPETENCY-BASED HIGH SCHOOL  
 GRADUATION REQUIREMENTS  
 PILOT PROGRAM**

**INNOVATION AND SECONDARY TRANSFORMATION DIVISION**

<b>DISTRICT NAME AND NUMBER</b>		<b>REGION, COUNTY, DISTRICT, TYPE CODE</b>	
ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)	FAX (Include Area Code)
SUPERINTENDENT NAME		E-MAIL	
PROJECT DIRECTOR NAME		TELEPHONE (Include Area Code)	FAX (Include Area Code)
ADDRESS (Street, City, State, Zip Code)		E-MAIL	

1. Indicate which school year the pilot program will be implemented  
 2018-2019    2019-2020    2020-2021

2. Please complete the chart below for each school involved/impacted by the plan.

Name of School	Principal Name	Principal Signature

3. In the chart below, indicate the year and graduation requirements from School Code Section 27-22 to be replaced.

Graduation Year	Graduation Requirement to be Replaced

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

4. Please complete the chart below for teachers participating in the plan. (Complete all needed.)

School Name	Name of Teacher	Subject/Grade Target

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

5. In the box below, provide a description of how teachers have been engaged throughout the application development process. (Do not type below space provided. You may attach separate sheets.)

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

6. In the box below, provide a description of how the local community college and an institution of higher education other than a community college have been engaged throughout the application development process. (Do not type below space provided. You may attach separate sheets.)

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

7. In the box below, provide the district's prior professional development and identifiable engagement efforts to support successful development of application and implementation of the plan. Include prior implementation of professional development systems, major district instructional initiatives. (Do not type below space provided. You may attach separate sheets.)

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

8. In the box below, identify the plan to involve community members that will support the system's implementation. (Do not type below space provided. You may attach separate sheets.)

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

9. In the chart below, provide the names of the Standing Planning and Implementation Committee members.

Member's Name	Member's Position	Member's Signature

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

10. In the chart below, identify any reviews or modifications of state law or rules that will be needed for the proposed plan. The following cannot be waived:

- State assessments
- Accessibility requirements
- Special needs or services
- Teacher or principal evaluations
- Learning standards or
- Legal prohibitions or awards intended for the protection of children or a particular category of students, such as students with disabilities or English learners.

Any waiver or modification of teacher educator licensure requirements to permit instruction by non-educators or education without an appropriate license must ensure that an appropriately licensed teacher and the principal of instruction partner in order to verify the method for assessing competency of in-class and verify whether a student has demonstrated mastery.

Waiver Request Type	Flexibility Requested (List specific law, regulation, or policy from which relief is sought)	Impact of the Waiver (What will the waiver enable the school to do differently, etc?)

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DISTRICT NAME AND NUMBER REGION, COUNTY, DISTRICT, TYPE CODE

11. Certifying Signatures

We certify that the program also complies with the requirements of the Competency-Based High School Graduation Requirements Pilot Program (Public Act 098-0674 Sections 20 through 35, inclusive) and procedures identified by the Illinois State Board of Education.

Please sign below:

District Superintendent Type Name	Signature	Date
School President Type Name	Signature	Date
Local Project Director Type Name	Signature	Date
Name of Community College	Signature	Date
Community College Representative	Signature	Date
Name of Higher Education Institution	Signature	Date
Higher Education Institution Representative	Signature	Date

Note: If bargaining unit president does not sign the plan, then the district should either submit a statement from the president regarding the bargaining unit's position or provide a description of the district's good faith efforts to obtain the signature and/or statement.

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# Collaborative Application





## Collaborative Application

- School districts may collaboratively apply to participate in the pilot program.
- In the application of a collaborative of districts, each district participating in the collaborative shall comply with the requirements outlined in the application.
- The districts participating in the collaborative may establish and maintain a standing planning and implementation committee individually or collaboratively.




## Attachment Page 1

Each district must submit a copy of page 1 for each district involved in the collaborative.

**Example:** If there are four school districts in the collaborative, the collaborative district application will have four copies of page 1 in their submitted application.

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.

ATTACHMENT 1



**Illinois**  
State Board of Education  
100 North First Street, E-315  
Springfield, Illinois 62777-0001

FY 2018  
COMPETENCY-BASED HIGH SCHOOL  
GRADUATION REQUIREMENTS  
PILOT PROGRAM

**INNOVATION AND SECONDARY TRANSFORMATION DIVISION**

DISTRICT NAME AND NUMBER		REGION, COUNTY, DISTRICT, TYPE CODE	
ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code)	FAX (Include Area Code)
SUPERINTENDENT NAME		E-MAIL	
PROJECT DIRECTOR NAME		TELEPHONE (Include Area Code)	FAX (Include Area Code)
ADDRESS (Street, City, State, Zip Code)		E-MAIL	

1. Indicate which school year the pilot program will be implemented

2018-2019   
  2019-2020   
  2020-2021

2. Please complete the chart below for each school involved/impacted by the plan.

Name of School	Principal Name	Principal Signature

3. In the chart below, indicate the year and graduation requirements from School Code Section 27-22 to be replaced.

Graduation Year	Graduation Requirement to be Replaced

ISBE 72-70 (5/18) Page 1 of 9



# Illinois State Board of Education

**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

4. Please complete the chart below for teachers participating in the plan. (Duplicate as needed.)

SCHOOL NAME	NAME OF TEACHER	SUBJECT/GRADE TAUGHT

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**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

5. In the box below, provide a description of how teachers have been engaged throughout the application development process. (Do not type below space provided. You may attach separate sheets.)

ISBE 7270 (5/16) Page 3 of 8

**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

6. In the box below, provide a description of how the local community college and an institution of higher education other than a community college have been engaged throughout the application development process. (Do not type below space provided. You may attach separate sheets.)

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## Only one copy per collaborative is necessary for Attachment pages 2-8

**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

7. In the box below, provide the district's prior professional development and educator engagement efforts to support successful development and implementation of the plan. Include prior implementation of professional development systems for major district instructional initiatives. (Do not type below space provided. You may attach separate sheets.)

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**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

8. In the box below, identify the plan's most critically needed and well-supported implementation strategies. (Do not type below space provided. You may attach separate sheets.)

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**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

9. In the chart below, provide the names of the Standing Planning and Implementation Committee members.

Member's Name	Member's Position	Member's Signature

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**DISTRICT NAME AND NUMBER**  
Collaborative

**REGION, COUNTY, DISTRICT TYPE CODE**  
02-02303100-23031001002, 2310213100, 1002310021

10. In the chart below, identify any waivers or modifications of state law or rules that will be needed for the proposed plan.

The following cannot be waived:

- State assessment
- Accountability requirements
- Teacher tenure or seniority
- Teacher or principal evaluations
- Learning standards, or
- Legal protections or supports intended for the protection of children or a particular category of students, such as students with disabilities or English Learners.

Any waiver or modification of teacher/educator licensure requirements to permit instruction by non-educators or educators without an appropriate license must ensure that an appropriately licensed teacher and the provider of instruction partner in order to verify the method for assessing competencies of teacher and verify whether a student has demonstrated mastery.

Waiver Requested Type	Flexibility Requested (SME specifies law, regulation, or policy from which relief is sought.)	Impact of the Waiver (What will the waiver enable the school to do differently, etc.?)

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## Attachment Pages 2-8

The district name may say Collaborative. The RCDTC codes will be listed for each individual district involved in the collaborative application.

**Example:** See highlighted areas

If a Collaborative creates only one Planning & Implementation Committee then only one list is required in the application, but if more than one is created then all should be included.

DISTRICT NAME AND NUMBER Collaborative	REGION, COUNTY, DISTRICT, TYPE CODE 12122323120; 23231223102; 2312213210; 12222310231
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4. Please complete the chart below for teachers participating in the plan. (Duplicate as needed.)

School Name:

Name of Teacher	Subject/Grade Taught

School Name:

Name of Teacher	Subject/Grade Taught

School Name:

Name of Teacher	Subject/Grade Taught

School Name:

Name of Teacher	Subject/Grade Taught



## Attachment Page 9

Each district must submit a copy of page 9 for each district involved in the collaborative.

**Example:** If there are four school districts in the collaborative, the collaborative district application will have four copies of page 9 in their submitted application. Only one signature of the partnering institutions of higher education is required for the collaborative application.

DISTRICT NAME AND NUMBER		REGION, COUNTY, DISTRICT, TYPE CODE
Collaborative		12122323120; 23231223102; 2312213210; 12222310231

11. Certifying Signatures

We certify that the proposed plan complies with the requirements of the Competency-Based High School Graduation Requirements Pilot Program (Public Act 099-0674 Sections 20 through 35, inclusive) and procedures identified by the Illinois State Board of Education.

Please sign below:

<input type="text"/>	Signature	<input type="text"/>
District Superintendent Typed Name		Date
<input type="text"/>	Signature	<input type="text"/>
Board President Typed Name		Date
<input type="text"/>	Signature	<input type="text"/>
Bargaining Unit President Typed Name		Date
<input type="text"/>		
Name of Community College		
<input type="text"/>	Signature	<input type="text"/>
Community College Representative		Date
<input type="text"/>		
Name of Higher Education Institution		
<input type="text"/>	Signature	<input type="text"/>
Higher Education Institution Representative		Date

Note: If bargaining unit president does not sign the plan, then the district should either submit a statement from the president regarding the bargaining unit's position or provide a description of the district's good faith efforts to obtain the signature and/or statement.

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## Submission Process for All Proposals

Proposals may be submitted electronically through the ISBE Attachment Manager, mailed, or hand delivered no later than **December 7, 2018**. Directions for each submission method are found below.

- Electronic Submission:
  - Completed proposals submitted electronically should be scanned into PDF with all supporting documents and required signatures. The ISBE Attachment Manager is found at <https://sec1.isbe.net/attachmgr/default.aspx>. Choose Fonville, Henri A from the drop down menu in Receiver Information. Submit the application using the button at the bottom of the page.
- Mailed Proposals:
  - Mail the **original** and an **electronic copy** of the proposal on a USB flash drive to Henri Fonville, Illinois State Board of Education, 100 North First Street (S290), Springfield, Illinois 62777-0001.



## Application Details

- No state funding is associated with this application.
- The initial project period will begin no earlier than January 1, 2019.
- The application deadline is 5:00 p.m. on December 7, 2018.
- Late proposals will not be accepted.



## Learner Competencies Guidance Document

- [\*Developing Learner Competencies for Use in a Competency-Based Education System\*](http://www.isbe.net/competency) ([www.isbe.net/competency](http://www.isbe.net/competency))
- Offers guidance to pilot sites in developing academic and adaptive competencies—not requirements.
- Written by Illinois Learner Competency Working Group Members
  - Illinois State Board of Education, Midwest Comprehensive Center, Center for Innovations in Learning, Advance Illinois
  - Pilot Sites: Huntley, Ridgewood, and Round Lake
  - Expert Peer Reviewers
- Document will be modified over time to reflect Pilot site experiences and input.





# Competency Pilot Site Experience

Bill Johnson

Director of Curriculum 6-12

Huntley School District 158



## Additional Information

For more information on this RFA or FAQ's please visit  
[www.isbe.net/competency](http://www.isbe.net/competency).

For additional questions, please contact [competencypilot@isbe.net](mailto:competencypilot@isbe.net).