



# 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  
 2017-2018     2018-2019     2019-2020

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

DISTRICT NAME AND NUMBER

REGION, COUNTY, DISTRICT, TYPE CODE

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

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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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.)**

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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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.)**

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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7. In the box below, provide the district's prior professional development and stakeholder engagement efforts to support successful development of application 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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8. In the box below, identify the plan to involve community partners that will support the system's implementation.  
**(Do not type below space provided. You may attach separate sheets.)**



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

The following cannot be waived:

- State assessments
- 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 competency of mastery 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.?)



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:

\_\_\_\_\_  
District Superintendent Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board President Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bargaining Unit President Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Community College

\_\_\_\_\_  
Community College Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Higher Education Institution

\_\_\_\_\_  
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.