



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

Recommendation for Recognition by
the State Board of Education to be submitted by
Regional Superintendents
and/or District Superintendent

STATE BOARD SERVICES

| | | |
|------------------------------------|-------------------------------|--------|
| SUPERINTENDENT'S NAME | DISTRICT NAME | |
| ADDRESS (Street, City, State, Zip) | TELEPHONE (Include Area Code) | |
| | E-MAIL ADDRESS | REGION |

Recommends that _____
(Name of Program or Person(s))

of the following school _____

School Principal _____
(Name & Telephone Number)

(School Address)

Please provide a description and reasons why you are recommending that the State Board adopt a resolution. Be sure to include the challenges faced in attaining this achievement. **(This information will be used in drafting the resolution for the State Board's consideration.** Feel free to use an extra page, but limit to 2 pages.)

Signature of Superintendent of Schools

Date:

Send information to: Board Services Coordinator, Illinois State Board of Education, 100 North First Street, S-405, Springfield, IL 62777. E-Mail: kclarke@isbe.net Fax: (217) 785-3972