

ILLINOIS STATE BOARD OF EDUCATION
Educator and School Development Division
100 North First Street, S-306
Springfield, IL 62777-0001

REQUEST FOR APPROVAL OF A SPEECH AND LANGUAGE PARAPROFESSIONAL

INSTRUCTIONS: Submit the application and required documentation to the Regional Superintendent. For guidance in submitting the required documents, please reference the *Guidelines for Use of Speech and Language Paraprofessionals* available online at www.isbe.net/certification. **COMPLETE ALL SECTIONS OF THIS FORM.**

SECTION I - PARAPROFESSIONAL

NAME	SOCIAL SECURITY NUMBER
DATE OF EMPLOYMENT FOR CURRENT SCHOOL YEAR	NUMBER OF STUDENTS ON CASE-LOAD

- ATTACH
- An official transcript verifying a bachelor's degree in speech pathology or communication disorders (not required if currently on file)
 - Documentation verifying completion of continuing professional development (**required for returning paraprofessionals**)

SECTION II - SUPERVISING SPEECH PATHOLOGIST

NAME	ILLINOIS SPEECH AND LANGUAGE CERTIFICATE NUMBER
NUMBER OF STUDENTS ON CASE-LOAD	NUMBER OF PARAPROFESSIONALS ASSIGNED FOR SUPERVISION PURPOSES.

- ATTACH
- A copy of the supervising speech pathologist's valid Illinois Department of Financial and Professional Regulations (IDFPR) license

SECTION III - DISTRICT/JOINT AGREEMENT/SPECIAL EDUCATION FACILITY

NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT/NONPUBLIC FACILITY	REGION, COUNTY, DISTRICT, TYPE CODE OR FACILITY CODE <small>(This application cannot be processed if the correct code is not provided.)</small>
ADDRESS OF EMPLOYER	NAME OF CONTACT AND TELEPHONE NUMBER (Include Area Code)

- ATTACH
- A description of the comprehensive search effort - including two forms of documentation verifying recruitment efforts
 - A description of the work assignment including the type and severity of speech and language impairments
 - A description of the direct and indirect supervisory activities that will be provided to the paraprofessional, including the amount of each
 - DOCUMENTATION OF THE PARAPROFESSIONAL'S DIRECT EMPLOYMENT - NO CONTRACTUAL EMPLOYEES ARE ALLOWED

I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge and have been prepared in accordance with the 105 Illinois School Code 5/145-12.01, Account of Expenditures-Cost Report-Reimbursement.

Date

Signature of State-Approved Director of Special Education*

* The Directory Listing of Special Education Service Administrators is available at www.isbe.net/funding

I have examined the enclosed document for completeness and request a review by the Educator Certification Division.

Date

Signature of Regional Superintendent