

NOTE: City of Chicago residents should forward this form to the Educator Certification Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
 Educator Certification Division
 100 North First Street, S-306
 Springfield, Illinois 62777-0001



ISBE USE ONLY	
EVALUATOR	
DATE	

REQUEST FOR BILINGUAL SPECIAL EDUCATION APPROVAL

INSTRUCTIONS: Return this application to the Regional Superintendent. If qualified in the area of requested evaluation, a letter of approval will be forwarded to the applicant. Approval will be granted only for the grade level or subject endorsement of the certificate on which it is based. **Do not write in the column labeled "ISBE USE ONLY."**

NAME OF APPLICANT (Last, First, Middle, Maiden)		SOCIAL SECURITY NUMBER	COUNTY
ADDRESS (Street, City, State, Zip Code)		HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)
		E-MAIL	
DO YOU HOLD AN ILLINOIS CERTIFICATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type _____ Number _____	SPECIAL ED. AREA REQUESTED LBSI, LBSL or Speech Language Pathology
			LANGUAGE REQUESTED or ESL

Complete left column **ONLY**. Check one box to indicate the credentials you currently hold.

REQUIRED CREDENTIALS	COURSE REQUIREMENTS FOR APPROVAL	-ISBE USE ONLY-	
<input type="checkbox"/> Special (prek-age) Certificate in LBSI, LBSL, or Speech Language Pathology (6405) or <input type="checkbox"/> Early Childhood, Elementary, Secondary, or Special Certificate (6406) with Special education approval in one of the above areas of special education (6407) (6408)	1. Successful completion of a language examination in the non-English language of instruction (not required for ESL). 2. Assessment of the Bilingual Student or Psychological/Educational Assessment of the LEP Student with Disabilities. 3. Theoretical Foundations of Bilingual/ESL Education (including the study of first and second language acquisition) 4. Methods and Materials for Teaching LEP Students with Disabilities or Methods and Materials for Teaching LEP Students	<input type="checkbox"/> (6404)	<input type="checkbox"/> (6404)
		<input type="checkbox"/> (6401)	<input type="checkbox"/> (6401)
		<input type="checkbox"/> (6402)	<input type="checkbox"/> (6402)
		<input type="checkbox"/> (6403)	<input type="checkbox"/> (6403)
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Early Childhood, Elementary Secondary, or Special Certificate (6412) with Bilingual Education or ESL approval or endorsement (6413)	1. LBSI Methods 2. Psychological/Educational Assessment of the LEP Student with Disabilities or Psychological Diagnosis for all Types of Exceptional Children 3. LBSI Characteristics or Characteristics of the LEP Student with Disabilities	<input type="checkbox"/> (6409)	<input type="checkbox"/> (6409)
		<input type="checkbox"/> (6410)	<input type="checkbox"/> (6410)
		<input type="checkbox"/> (6411)	<input type="checkbox"/> (6411)
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Transitional Bilingual Certificate in the Language (6419) with Two years of successful teaching experience (<i>Attach letter verifying teaching experience.</i>) (6420)	1. Survey of Exceptional Children 2. Assessment of the Bilingual Student or Psychological/Educational Assessment of the LEP Student with Disabilities 3. Theoretical Foundations of Bilingual/ESL Education (including the study of first and second language acquisition) 4. LBSI Methods 5. LBSI Characteristics or Characteristics of the LEP Student with Disabilities
<input type="checkbox"/> (6401)	<input type="checkbox"/> (6401)		
<input type="checkbox"/> (6402)	<input type="checkbox"/> (6402)		
<input type="checkbox"/> (6409)	<input type="checkbox"/> (6409)		
<input type="checkbox"/> (6411)	<input type="checkbox"/> (6411)		
Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> School Service Personnel certificate endorsed for School Counselor, School Social Worker, School Psychologist, or Speech Language Pathologist (6423)	1. Successful completion of a language examination in the non-English language of instruction (not required for ESL). 2. Assessment of the Bilingual Student or Psychological/Educational Assessment of the LEP Student with Disabilities	<input type="checkbox"/> (6404)	<input type="checkbox"/> (6404)
		<input type="checkbox"/> (6401)	<input type="checkbox"/> (6401)
		Credentials: Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date _____ Signature of Applicant _____ Date _____ Signature of Regional Superintendent _____