

NOTE: City of Chicago schools 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

NONPUBLIC SCHOOL REQUEST FOR APPROVAL OF OTHER SPECIAL EDUCATION PERSONNEL

INSTRUCTIONS: Please Type. This form is to be completed for each person newly employed in one of the listed approval areas. Submit the application and required documentation to your regional superintendent. For guidance in submitting the required documentation, please reference 23 Illinois Administrative Code Part 226, Special Education and the Final Transition Rules, available online at <http://www.isbe.net/rules/archive/coreyhpdfs/226finaltransrules.pdf>.

NOTE: This form may not be used to approve personnel who are teaching children with any disability encompassed by the LBSI endorsement.

SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE (Last, First, Middle Initial, Maiden)	APPROVAL AREA CODE (See table below)	EMPLOYMENT DATE
FACILITY CODE	COUNTY	NAME OF EMPLOYING SCHOOL/SPONSORING ORGANIZATION	
ADDRESS OF EMPLOYER			
NAME OF CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	

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 Section 14-12.01 of the School Code of Illinois and the Rules and Regulations to Govern the Administration and Operation of Special Education.

_____ Date

_____ Signature of Nonpublic School Director/Principal

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

_____ Date

_____ Signature of Regional Superintendent

APPROVAL AREA CODE TABLE

PNA - School Nurse Intern (4 months)	PSP - School Psychologist Intern
PPE - Adapted Physical Education Teacher	PSW - School Social Work Intern

OTHER SPECIAL EDUCATION PERSONNEL

Provide the following information:

1. The service(s) to be provided and evidence of the need for them.
2. The population to be served, including the number of children in each area of exceptionality to be served.
3. A detailed description of the supervision and backup assistance to be provided, including the frequency of supervision and the position title(s) and name of the person(s) who will provide technical assistance and/or supervision.
4. Substantiation that each individual's training, education, experience and/or other qualifications are appropriate for the service(s) to be provided.
5. A description of the search for a qualified applicant which should include number of contacts with universities both in and out of state, regional superintendents, the Educator Certification Division and any other sources. Evidence of a search for a qualified individual must be submitted for requests for which there is an existing certificate or approval.