Update to Adobe Reader 9 prior to starting form. Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

Note: **City of Chicago residents** should forward this form to 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

REQUEST FOR REVIEW OF FILE TO REMOVE LIMITATIONS ON LBS I

INSTRUCTIONS: *Please print or type.* If you have received an LBS I/Limited certificate or approval, you may use this form to request ISBE to review your file for additional documents that may have been missed during the conversion or to review new information that you are providing to remove limitations. This request should be filed through your regional office of education.

NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street Number, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	

This information is being filed to remove the limitations on an LBS I Approval _____ Certificate _____

SECTION I: CORRECTION OF RECORDS

I previously held another credential or authorization that qualifies me for an unlimited LBS I, that was overlooked during the conversion. (Where possible, please provide a copy of the credential or authorization indicated below. No additional changes will be made to your status if the files at ISBE do not support your claim.)

☐ A. I was given the following LBS I designations on my reprinted certificate: ☐ LD ☐ SED ☐ PH ☐ EMH ☐ TMH

☐ B. I hold the following: _____ (Additional Certificate) _____ (Approval) Category: ☐ LD ☐ SED ☐ PH ☐ EMH ☐ TMH

☐ C. This credential or authorization was granted to me in the following manner:

_____ (On Month/Year) _____ (Under the Name of) _____ (In the County of)

☐ D. My file at ISBE shows I have preparation to qualify me in the following area although I never applied for this approval or endorsement _____

SECTION II: NEW DATA THAT WILL REMOVE LIMITATIONS

As set forth in the Certification Rules, I am providing the following to remove the limitations placed on my LBS I Approval _____ Certificate _____

☐ A. I have completed the training sequence developed by the ISBE. (Attach copy of certificate of completion and list date completed.) Date: _____

☐ B. I have completed additional college work in the characteristics and methods described at the right. (Attach official transcripts showing the courses and credits.) Area: _____

☐ C. I have passed the subject matter knowledge test of the Illinois Certification Testing System listed at the right on the date noted. Area: _____ Date: _____

☐ D. I have passed the examination for Learning Behavior Specialist I of the Illinois Certification Testing System on the date to the right Date: _____

☐ E. I have attached verification form (ISBE No. 73-83) showing that I have taught for three years in the area listed to the right Area: _____

☐ F. Three years have passed since I began teaching in special education after receiving my LBS I/Limited designation. (Attach a letter verifying your special education teaching experience from your district superintendent and show dates.) Dates: From: _____ To: _____

SECTION III: AFFIDAVIT

Under penalty of perjury, I swear that the above information is true, accurate and complete.

_____ (*Date*) _____ (*Signature of Teacher*)

SECTION IV: REGIONAL SUPERINTENDENT

_____ (*Date*) _____ (*Signature of Regional Superintendent*) _____ (*Region*)

ISBE USE ONLY

Consultant: _____ Date: _____

Remarks: ☐ Approved ☐ Disapproved

Print Reset Form