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

CERTIFICATE OF COMPLETION for the ISBE Learning Behavior Specialist I Training Sequence

INSTRUCTIONS: *Please print or type*. Complete this form and attach it to ISBE Form 73-85, Request for Review of File to Remove Limitations on LBS I, as documentation that you have completed all five strands of the LBS I Training Sequence under an ISBE-trained presenter. All requests for removal of limitations should be filed through your regional office of education. **Keep a copy for your records.**

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	

TRAINING STRAND 1

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

Date Completed	*Printed Name of ISBE-Trained Presenter*	*Signature of ISBE-Trained Presenter*

TRAINING STRAND 2

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

Date Completed	*Printed Name of ISBE-Trained Presenter*	*Signature of ISBE-Trained Presenter*

TRAINING STRAND 3

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

Date Completed	*Printed Name of ISBE-Trained Presenter*	*Signature of ISBE-Trained Presenter*

TRAINING STRAND 4

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

Date Completed	*Printed Name of ISBE-Trained Presenter*	*Signature of ISBE-Trained Presenter*

TRAINING STRAND 5

The above named individual attended this Training Strand and successfully completed all requirements and assignments.

Date Completed	*Printed Name of ISBE-Trained Presenter*	*Signature of ISBE-Trained Presenter*

ASSURANCE

I do hereby affirm that the above information is true, accurate and complete.

Date	*Signature of Teacher*

Print Reset Form