

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

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



**REQUEST FOR EVALUATION FOR APPROVAL
AREAS OF SPECIAL EDUCATION**

INSTRUCTIONS: Return two copies of this application to the Regional Superintendent without fee for an evaluation of certificates and professional credentials. If you are qualified in the area of requested evaluation, a letter of approval will be forwarded to you. Normal processing time for applications is 60 working days.

NAME OF APPLICANT	SOCIAL SECURITY NUMBER	DATE	DATE OF BIRTH
-------------------	------------------------	------	---------------

ADDRESS _____

DO YOU HOLD AN ILLINOIS CERTIFICATE?
 Yes **No** Type _____ Number _____

I am requesting an evaluation for approval to serve as:

- Vocational Coordinator
- Teacher Coordinator (Vocational Programs)
- Teacher in Early Childhood Special Education Program

Attached to this request are the following documents: (List transcripts, letters of verification, all colleges and universities attended, etc.)

Note: Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.

I do hereby affirm that the information provided above and the credentials including transcripts and other supporting documents are true, correct, and complete.

_____ *Date*

_____ *Signature of Applicant*

I request that the Illinois State Board of Education evaluate this candidate for the area indicated above.

_____ *Date*

_____ *Signature of Regional Superintendent*

_____ *County*