

NOTE: City of Chicago residents should forward this form to Division of Certification and Professional Development, 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 APPROVAL
AS A BILINGUAL OR ESL TEACHER**

INSTRUCTIONS: Please indicate the area(s) of approval for which you are requesting a review. Sign the application and submit it to your Regional Superintendent with necessary transcripts and original letters of teaching experience or documentation of your 100 clock hours of clinical experience. Normal processing time for applications is 60 working days. **NOTE:** Do not complete the coursework information below marked "ISBE USE ONLY."

NAME OF APPLICANT	SOCIAL SECURITY NUMBER	CERTIFICATE TYPE AND NUMBER
ADDRESS (Street, City, Zip Code)		TELEPHONE

I. ENGLISH AS A SECOND LANGUAGE

I request approval as a teacher of English as a second language (ESL).
Requirements are: a valid Early Childhood, Elementary, Secondary, or Special K-12 Illinois teaching certificate; 18 hours distributed in the areas below; 100 clock hours of ESL clinical experiences or 3 months teaching experience with ESL students.

	COURSE AREA	COURSE NUMBER	SEMESTER HOURS	DEFICIENCY	REQUIREMENTS
ISBE USE ONLY	A. Linguistics				_____ Total semester hours <input type="checkbox"/> 100 clock hours <input type="checkbox"/> 3 months teaching experience <input type="checkbox"/> Valid Illinois teaching certificate
	B. Theoretical foundations of teaching ESL				
	C. Assessment of the bilingual student				
	D. Methods and materials for teaching ESL				
	E. Cross-cultural studies for teaching limited-English-proficient students				
COMMENTS:				<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Evaluator's Initials _____

II. BILINGUAL

I request approval as a bilingual teacher. **Language(s):** _____
Requirements are: a valid Early Childhood, Elementary, Secondary, or Special K-12 Illinois teaching certificate; 18 semester hours of credit distributed in courses below; 100 clock hours of bilingual clinical experience or 3 months teaching experience in bilingual programs; completion of language examination in the non-English language to be taught or having held an Illinois transitional bilingual certificate endorsed in the language(s) requested.

LANGUAGE PROFICIENCY

I have held an Illinois transitional bilingual certificate endorsed in the language(s) requested. I have passed the examination(s), administered by and approved bilingual text site, in the language(s) requested.

	LANGUAGE	PASS	FAIL	Institution and Seal	Signature of Authorized Individual
BILINGUAL TEST SITE ONLY	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	COURSE AREA	COURSE NUMBER	SEMESTER HOURS	DEFICIENCY	REQUIREMENTS
ISBE USE ONLY	A. Foundations of bilingual education				_____ Total semester hours <input type="checkbox"/> 100 clock hours <input type="checkbox"/> 3 months teaching experience <input type="checkbox"/> Valid Illinois teaching certificate
	B. Assessment of bilingual students				
	C. Methods and materials for teaching limited-English-proficient students in bilingual programs				
	D. Cross-cultural studies for teaching limited-English-proficient students				
	E. Methods and materials for teaching English as a second language				
COMMENTS:				<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	Evaluator's Initials _____

I request approval in the area(s) above.

I request a review by the Professional Preparation Division.

Date Signature of Applicant

Date Signature of Regional Superintendent