

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

ILLINOIS STATE BOARD OF EDUCATION
 Division of Certification and Professional Development
 100 North First Street
 Springfield, Illinois 62777-0001



**VERIFICATION OF TEACHING EXPERIENCE FOR REMOVAL OF LIMITATIONS
 ON LIMITED LEARNING BEHAVIOR SPECIALIST I (LBS I) ENDORSEMENT**

INSTRUCTIONS: Please complete and sign this form and submit it to your district superintendent or chief administrator with any necessary documentation for verification. If you wish the Illinois State Board of Education to consider evidence of teaching experience in more than one school district, joint agreement or cooperative, please submit the form to the superintendent of the other district(s) or chief administrator(s) of the other employer(s) for verification. You may use separate forms for each superintendent or chief administrator. After obtaining verification from the superintendent(s) or chief administrator(s), please send this form to the regional superintendent of schools for the region where your certificate(s) is/are registered.

For purposes of removing the limitations on your LBS I/limited endorsement as provided in Section 25.46(g) (6) of the Transition Rules, you may claim experience in teaching students with one disability for which you do not hold a credential as follows:

- If you have an endorsement (or another state's comparable credential) valid for teaching students with learning disabilities (LD) or social/emotional disorders (S/ED), you must submit verification of at least three years' full-time teaching experience in serving students with one of the primary disabilities of educable mentally handicapped (EMH), trainable mentally handicapped (TMH) or physically handicapped (PH).

OR

- If you have an endorsement (or another state's comparable credential) valid for teaching students who are EMH, TMH or PH, you must submit verification of at least three years' full-time teaching experience in serving students with one of the primary disabilities of LD or S/ED.

For purposes of removing the limitations on your LBS I/limited endorsement as provided in Section 25.46(g)(7), if you have an endorsement (or another state's comparable credential) valid for teaching students with LD or S/ED, or EMH, TMH or PH students, you may claim experience in teaching students with the primary disability of either autism or traumatic brain injury (TBI) by submitting verification of at least three years' full-time teaching experience in serving students with either disability.

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle)
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ADDRESS	
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HOME PHONE	WORK PHONE
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EMPLOYED BY (Name of District, Joint Agreement or Cooperative)	SUPERVISOR	PHONE
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ADDRESS	
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NOTE: To identify certificate numbers and types, or endorsements or approvals held, please consult www.isbe.net/teachers/.

CERTIFICATE(S) HELD	TYPE	NUMBER	ENDORSEMENT(S)	DATE ISSUED

TYPE OF EXPERIENCE CLAIMED (*Check one only*):

Autism
 TBI
 LD
 S/ED
 EMH
 TMH
 PH

I affirm that I have at least three years' full-time teaching experience in serving students with the primary disability checked above at: ("full-time teaching experience" means providing instruction to no fewer than three students with the type of disability indicated on a daily basis for no fewer than two hours per day)

NAME OF SCHOOL DISTRICT(S) OR OTHER EMPLOYER(S)	DATES TEACHING STUDENTS WITH DISABILITY INDICATED

