

NOTE: City of Chicago residents should forward this form to the 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 EVALUATION FOR APPROVAL
 AREAS OF SPECIAL EDUCATION**

INSTRUCTIONS: Please print or type. 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.

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

DO YOU HOLD AN ILLINOIS CERTIFICATE?

YES

NO

IF YES, 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*