

NOTE TO CITY OF CHICAGO DISTRICT SUPERINTENDENTS/DIRECTORS OF SPECIAL EDUCATION: These applications should be mailed to the Illinois State Board of Education, 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 APPROVAL OF OTHER SPECIAL EDUCATION PERSONNEL

INSTRUCTIONS: This form is to be completed for each person newly employed in one of the listed approval areas. Submit the application and required documentation to the Regional Superintendent. For guidance in submitting the required documentation, please reference 23 Illinois Administrative Code Part 226, Special Education, and the Final Transition Rules available online at <http://www.isbe.net/rules/archive/coreyhpdfs/226finaltransrules.pdf>.

NAME OF EMPLOYEE (Last, First, Middle Initial, Maiden)	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL
	APPROVAL AREA CODE (See table below)	EMPLOYMENT DATE (mm/dd/yyyy)
NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT	REGION, COUNTY, DISTRICT, TYPE CODE	TELEPHONE NUMBER (Include Area Code)
ADDRESS OF EMPLOYER	NAME OF CONTACT PERSON	
	E-MAIL	

I certify that the information above and the documentation accompanying this application are true and accurate to the best of my knowledge and have been prepared in accordance with 105 Illinois School Code 5/14-12.01, Account of Expenditures – Cost Report – Reimbursement and the Rules and Regulations to Govern the Administration and Operation of Special Education.

_____ Date _____ Signature of School District Superintendent (if applicable)

_____ Typed or Printed Name of State-Approved Director of Special Education _____ Date _____ Signature of State-Approved Director of Special Education

A list of the State-Approved Directory of Special Education Service Administrators is available at www.isbe.net/funding/pdf/sped_admin_directory.pdf.

I have examined the enclosed document for accuracy and request a review by the Certification Division.

_____ Date _____ Signature of Regional Superintendent

APPROVAL AREA CODE TABLE

- PNA - School Nurse Intern
- PPE - Adapted Physical Education Teacher
- PSP - School Psychologist Intern
- PSW - School Social Work Intern