

**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

**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.

NAME (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	
ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)
	E-MAIL	
EMPLOYED BY (Name of District, Joint Agreement or Cooperative)		
ADDRESS (Street, City, State, Zip Code)	NAME OF SUPERVISOR	
	TELEPHONE (Include Area Code)	

**NOTE:** To identify certificate numbers and types, or endorsements or approvals held, please consult [www.isbe.net/teachers/](http://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

For each year of experience claimed, I affirm that I taught on a full-time basis (statutory minimum number of days and hours of instruction per day), that I served no fewer than three students whose primary disability is listed above, and that I provided no less than two hours of instruction to such students on a daily basis.

I certify under penalty of perjury that the information provided above, including credentials and other supporting documents, is true, correct and complete.

**NOTE:** Applicants who knowingly alter or misrepresent their qualifications in order to obtain the unlimited Learning Behavior Specialist I endorsement shall be denied its issuance and may be subject to the suspension or revocation of all current and previously-held certificates, endorsements and approvals.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**VERIFICATION BY EMPLOYER(S)**

As the agent for the school district, joint agreement or cooperative, I certify under penalty of perjury that the above-named individual was assigned to teach students of the type of primary disability identified for the number of years indicated, and provided instruction to no fewer than three students of that type of disability on a daily basis for no fewer than two hours for each year of full-time experience claimed. As evidence of that experience, I have attached a letter of assurance stating that the teacher's statements regarding experience are true and accurate; verifying that the number of students, the type of primary disability identified and the dates served are correct; and attesting that the teacher's experience is documented in the records maintained by the district, cooperative or joint agreement at its central office. In preparing this letter of assurance, I have relied upon the following records to substantiate the teacher's experience (**list records and years**) (i.e., teaching assignments, attendance records of teachers and/or students, IEPs of students, class schedules, and/or reimbursement records):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicants must obtain the signature of the district superintendent or chief administrator of each employer from whom verification of experience is sought.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Superintendent or  
Chief Administrator (or designee)

\_\_\_\_\_  
Name of Employing Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Superintendent or  
Chief Administrator (or designee)

\_\_\_\_\_  
Name of Employing Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Superintendent or  
Chief Administrator (or designee)

\_\_\_\_\_  
Name of Employing Entity

I affirm that the certificate(s) of the above-named individuals is/are registered with the regional office of education. I request a review by the Division of Professional Certification.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Regional Superintendent of Schools

ISBE USE ONLY	
ROE	DATE

EVALUATOR

Approved  Disapproved