



ILLINOIS STATE BOARD OF EDUCATION
Educator and School Development Division
100 North First Street, E-310
Springfield, Illinois 62777-0001

TITLE II CERTIFICATION

Your Title II Institutional Report is not complete until these signatures have been submitted to the Illinois State Board of Education. Please send to: **Ms. Phyllis Jones, Illinois State Board of Education, Educator and School Development, 100 North First Street, E-310, Springfield, IL 62777-0001.**

The original form must be received on or before April 7, 2009.

INSTITUTION

TITLE II COORDINATOR

TELEPHONE (Include Area Code)

I certify that, to the best of my knowledge, the information in this report is accurate and complete and conforms to the definitions and instructions used in the *Reference and Reporting Guide for Preparing State and Institutional Reports on the Quality of Teacher Preparation*.

Signature

*Name of Responsible Institutional Representative for the
Teacher Preparation Program*

Title

I certify that I have reviewed the submission of our institution's Title II report prepared by our teacher preparation unit.

Signature

*Name of President/Chief Executive
(Designee, i.e., Provost, Chancellor, etc.)*

Title