

TRANSCRIPT EVALUATION

I. NAME OF APPLICANT	NAME OF SCHOOL
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SCHOOL ADDRESS (Street, City, State, Zip Code)

II. TO BE COMPLETED BY CHIEF MANAGING EMPLOYEE

Evaluate the transcript(s) for the applicant named above and list those post-secondary subjects which relate to his/her proposed teaching assignments at the school. **(NOTE: 1 quarter hour equals .666 semester hours.)**

POST-SECONDARY SUBJECTS TAKEN	SEM. HRS. EARNED	POST-SECONDARY INSTITUTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
TOTAL Semester Hours		

HIGHEST DEGREE ATTAINED BY APPLICANT
Degree _____ Institution _____ Location _____

I have attached this form and the relevant transcripts to the applicant's Instructor Qualification Record (ISBE 29-08 or 29-08A as applicable). I have reviewed the documents and affirm that the applicant satisfies the requirements for approval by the Superintendent.

_____ Date _____ Signature of Chief Managing Employee _____