



Illinois State Board of Education

Request for Priority Review of Licensure Application

EDUCATOR EFFECTIVENESS DEPARTMENT

APPLICANT INFORMATION				EMPLOYMENT INFORMATION		
NAME		IEIN		DISTRICT NAME AND NUMBER		
TYPE OF CREDENTIAL:				POSITION TITLE		
<input type="checkbox"/> PEL <input type="checkbox"/> Short-Term Sub <input type="checkbox"/> Sub <input type="checkbox"/> Para <input type="checkbox"/> Endorsement <input type="checkbox"/> Other <input type="checkbox"/> Reinstatement				START DATE OF EMPLOYMENT		
PEL	SHORT-TERM SUBSTITUTE	SUB	PARA	ENDORSEMENT	OTHER	REINSTATEMENT
<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS	<input type="checkbox"/> Application in ELIS
<input type="checkbox"/> Official transcript with bachelor's degree or higher <input type="checkbox"/> Valid out-of-state certificate/license	<input type="checkbox"/> Associate degree from a regionally accredited institution of higher education OR completed at least 60 semester hours of credit from a regionally accredited institution of higher education (excluding remedial coursework)	<input type="checkbox"/> Official transcript with bachelor's degree or higher	<input type="checkbox"/> Associate degree from a regionally accredited institution of higher education OR completed at least 60 semester hours of credit from a regionally accredited institution of higher education (excluding remedial coursework)	<input type="checkbox"/> Official transcript with appropriate coursework	<input type="checkbox"/> Applicable documents on file	<input type="checkbox"/> Official transcript with appropriate coursework
<input type="checkbox"/> State-approved program and Completion of Standards verification (80-02)			<input type="checkbox"/> High school diploma or GED and a score of 460 or higher on the ETS Parapro OR <input type="checkbox"/> High school diploma or GED and the following scores on the ACT WorkKeys: • Applied mathematics/ applied math (with a score of 4) • Reading for information/ workplace documents (with a score of 4)	<input type="checkbox"/> Passing score on the applicable content test	<input type="checkbox"/> Area of application: _____	
<input type="checkbox"/> Applicable content test				<input type="checkbox"/> Area of application: _____		
<input type="checkbox"/> APT/edTPA (Teaching Only)				<input type="checkbox"/> Valid out-of-state certificate/license		

Requests submitted without verification of required applicant documentation will not be considered as a RUSH request. This form should be sent to roe@isbe.net.

Signature of Regional Superintendent/Chicago Public Schools Human Resources Official: _____ Date: _____

Telephone (Include Area Code): _____ Email: _____