



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



REQUEST FOR APPROVAL OF ADAPTED PHYSICAL EDUCATION TEACHER

EDUCATOR EFFECTIVENESS DEPARTMENT

DIRECTIONS: Please forward the completed form to the local Regional Office of Education, where it will be added to the educator's Educator Licensure Information System (ELIS) account. Chicago Public Schools may submit the completed form to licensureforms@isbe.net.

IMPORTANT: You also must also apply online and pay the applicable fee through your [ELIS account](#) to be evaluated for PPE approval.

NAME OF EMPLOYEE (Last, First, Middle Initial, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	EMPLOYMENT DATE (mm/dd/yyyy)
	EMAIL	
NAME OF EMPLOYING DISTRICT/JOINT AGREEMENT	REGION, COUNTY, DISTRICT, TYPE CODE	TELEPHONE NUMBER (Include Area Code)
ADDRESS OF EMPLOYER	NAME OF CONTACT PERSON	
	EMAIL	

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

Digital or Original Signature of School District Superintendent (if applicable)

Typed or Printed Name of State-Approved Director of Special Education

Date

Digital or Original Signature of State-Approved Director of Special Education

The State-Approved Directory of Special Education Service Administrators is available at https://www.isbe.net/Documents/sped_admin_directory.pdf