



Illinois State Board of Education

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



Out-of-State Applicant Verification of a Teacher Performance Assessment

EDUCATOR EFFECTIVENESS DEPARTMENT

Beginning July 1, 2015, each applicant who completed a teacher preparation program at an out-of-state institution must pass a Teacher Performance Assessment (TPA) or provide evidence of having at least one year of full-time teaching experience and having achieved a “proficient” or higher rating, or the equivalent, on his or her most recent performance evaluation. This form should be used to verify a passing score on the a Teacher Performance Assessment as part of a teacher preparation program in another state. The applicant should complete Part I and instruct the preparation program to complete Part II.

PART I – TO BE COMPLETED BY APPLICANT

An applicant applying for an Illinois license who has completed an out-of-state approved program of preparation at a college or university shall use this form to verify a passing score on a TPA as part of an institution’s educator preparation program. The applicant should provide all information requested in Part I of this form.

APPLICANT'S NAME (Last, First, Middle, Maiden)	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	E-MAIL
NAME OF COLLEGE/UNIVERSITY	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)

PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Please verify the above-named applicant has successfully completed a TPA as part of your institution’s educator preparation program by checking one of the below boxes. Please e-mail this completed form to the Educator Effectiveness Department at licensureforms@isbe.net. Forms returned to the applicant cannot be honored.

- TEACHER PERFORMANCE ASSESSMENT** - A performance based assessment that requires candidates to submit a portfolio of materials (such as video clips and lesson plans) demonstrating skills and knowledge essential for teaching. (EX.- edTPA, PPAT)

Date Passed: _____

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL	

_____ *Date*

_____ *Original Signature of Authorized Official*