



# Illinois State Board of Education

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



## VERIFICATION OF STANDARDS COMPLETION BY APPROVED OUT-OF-STATE PROGRAM (School Support Personnel Only)

### EDUCATOR EFFECTIVENESS DEPARTMENT

#### PART I of VII – TO BE COMPLETED BY APPLICANT

An applicant applying for an Illinois license who has completed a state-approved program of preparation at a college or university shall use this form to verify completion of the program, coursework, internship, and/or experience addressing specific Illinois requirements. The applicant should provide all information requested in Part I of this form, and the college/university should complete Parts II, III, IV, V, VI, and VII. **Please request that the college/university forward the completed form directly to [licensureforms@isbe.net](mailto:licensureforms@isbe.net). Forms returned to the applicant or Regional Office of Education will not be honored.**

APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	EMAIL
NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	
ADDRESS (Street, City, State, ZIP Code)		

#### PART II of VII – TO BE COMPLETED BY COLLEGE/UNIVERSITY

**DIRECTIONS:** Please complete the information below, date it, and have the licensure officer, the registrar, or the dean of the College of Education sign it. Then email this form to the Illinois State Board of Education at [licensureforms@isbe.net](mailto:licensureforms@isbe.net). Forms returned to the educator will not be honored. If this form is being filled out for an Illinois university, please use Form 80-09.

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

**YES**     *I certify that the information provided below is true and correct.*

\_\_\_\_\_  
*Digital or Original of Authorized Official*

\_\_\_\_\_  
*Date*

#### PART III of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

**STATE-APPROVED PROGRAM VERIFICATION:** Please verify that the above-named applicant has completed your state-approved program of preparation that, in your state, leads to a license comparable to the specific types listed below. The registrar, licensure officer, or other authorized official must sign and date below. Proceed to Part IV to verify completion of coursework addressing Illinois standards.

#### TYPE OF LICENSE FOR WHICH APPLICATION IS BEING MADE

- School Counselor                       School Nurse                       School Social Worker  
 School Psychologist                       Speech Language Pathologist, Non-Teaching

*Completion of this program results in a license/certification that allows the applicant to be employed in a school setting in this state.*

**PART IV of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

**COMPLETION OF ILLINOIS STANDARDS VERIFICATION:** Please verify that the above-named applicant has completed coursework addressing the standards listed below (further explanation addressed in Part 25.25(a)). Standards can be met by the applicant having completed coursework in each specific area or if the content coursework was infused within the completed program. If the standards have already been met, the educator will not be required to complete additional coursework.

**Yes No**

Methods of instruction of the exceptional child in cross-categorical special education  
Course Number/Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Methods of reading and reading in the content area  
Course Number/Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Instructional strategies for English learners  
Course Number/Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**PART V of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

**COMPLETION OF ILLINOIS INTERNSHIP VERIFICATION:** Please verify that the above-named applicant has completed an internship for the applicable area.

(The internship can be waived for educators who completed their program in the spring or summer of 2020.)

**Yes No**

SCHOOL SOCIAL WORKER INTERNSHIP

**Yes No**

SCHOOL COUNSELOR INTERNSHIP

**Yes No**

SCHOOL PSYCHOLOGIST INTERNSHIP

**Yes No**

SCHOOL NURSE INTERNSHIP

**Yes No**

SPEECH LANGUAGE PATHOLOGIST INTERNSHIP

**PART VI of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

**TESTING VERIFICATION:** Please verify that the above-named applicant has successfully passed the following test(s), which led to licensure in your state.

If the applicant did not receive licensure in your state, the Board of Education in the state in which they are currently licensed must provide verification of the test used for licensure purposes (via ISBE Form 80-03A Confirmation of Out-of-State Licensure Testing). For example, an educator completed preparation program at an Iowa institution and obtains Iowa licensure - use this form. An educator who completed a program in Iowa (but is not licensed in Iowa) and obtains licensure in Missouri, should use ISBE Form 80-03A. **Please send copies of score reports to [licensureforms@isbe.net](mailto:licensureforms@isbe.net).**

I have reviewed the information above and certify that the person named in Part I passed the following test(s). (Check all that apply.)

**CONTENT AREA TEST(S)** – Required by the state of \_\_\_\_\_ for issuance of a license.  
Specific to content area of licensure.

Name of Test: \_\_\_\_\_ Date Passed: \_\_\_\_\_

**NO TESTS WERE REQUIRED AS PART OF THIS PROGRAM** \_\_\_\_\_

**TESTS WERE REQUIRED IN THIS PROGRAM BUT NOT COMPLETED** \_\_\_\_\_

**PART VII of VII – TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY**

All professional education and content-area coursework required for the issuance of an Illinois license, endorsement, or approval must have been passed with a grade of no lower than a "C" or equivalent. Grades of "P" (Passing) or "S" (Satisfactory) cannot be honored for licensure until verification is provided by the licensure officer, the registrar, or the dean of the College of Education that these grades are equivalent to a "C" or above.

**DIRECTIONS:** Please check the appropriate box(es) below. Please email the completed form to [licensureforms@isbe.net](mailto:licensureforms@isbe.net). **Forms returned to the educator will not be honored.**

MARK ONE OR MORE OF THE CHOICES BELOW:

- P** (PASSING), **S** (SATISFACTORY), OR **CR** (CREDIT) GRADES ARE EQUIVALENT TO A "C" OR ABOVE.
- P** (PASSING) OR **S** (SATISFACTORY) GRADES ARE EQUIVALENT TO A "C-" OR BELOW.

**ADDITIONAL COMMENTS**