Use your "Mouse" or "Tab" key to move through the fields, and the mouse to mark check boxes. After completing last field, save document to hard drive to make future updates or click print button.

NOTE: City of Chicago residents should forward this form to the Educator Licensure Division, ISBE, 100 North First Street, S-306, Springfield, Illinois 62777-0001.

ILLINOIS STATE BOARD OF EDUCATION
Educator Licensure Division
100 North First Street, S-306
Springfield, Illinois 62777-0001

7 3 - 4 9

REQUEST FOR APPROVAL AS A BILINGUAL OR ESL TEACHER

INSTRUCTIONS: Please indicate the area(s) of approval for which you are requesting a review. Sign the application and submit it to your Regional Superintendent with necessary transcripts and original letters of teaching experience or documentation of your 100 clock hours of clinical experience. **NOTE:** ***Do not complete the coursework information below marked*** **"ISBE USE ONLY."**

NAME OF APPLICANT (Last, First, Middle, Maiden)	SOCIAL SECURITY NUMBER	CERTIFICATE TYPE AND NUMBER
ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE (Include Area Code)	WORK TELEPHONE (Include Area Code)
	E-MAIL	

I. ENGLISH AS A SECOND LANGUAGE

☐ I request approval as a teacher of English as a second language (ESL).
Requirements are: a valid Early Childhood, Elementary, Secondary, or Special K-12 Illinois teaching certificate; 18 hours distributed in the areas below; 100 clock hours of ESL clinical experiences or 3 months teaching experience with ESL students.

DO NOT WRITE IN THE BOXED AREA

ISBE USE ONLY

COURSE AREA	COURSE NUMBER	SEMESTER HOURS	DEFICIENCY	REQUIREMENTS
A. Linguistics				_____ Total semester hours
B. Theoretical foundations of teaching ESL				☐ 100 clock hours
C. Assessment of the bilingual student				☐ 3 months teaching experience
D. Methods and materials for teaching ESL				☐ Valid Illinois teaching certificate
E. Cross-cultural studies for teaching limited-English-proficient students				
Comments:			☐ Approved ☐ Not Approved	Evaluator's Initials _____

II. BILINGUAL

☐ I request approval as a bilingual teacher. **Language(s):** _____

Requirements are: a valid Early Childhood, Elementary, Secondary, or Special K-12 Illinois teaching certificate; 18 semester hours of credit distributed in courses below; 100 clock hours of bilingual clinical experience or 3 months teaching experience in bilingual programs; completion of language examination in the non-English language to be taught or having held an Illinois transitional bilingual certificate endorsed in the language(s) requested.

LANGUAGE PROFICIENCY

☐ I have held an Illinois transitional bilingual certificate endorsed in the language(s) requested.

☐ I have passed the examination(s), administered by and approved bilingual text site, in the language(s) requested.

DO NOT WRITE IN THE BOXED AREA

ISBE USE ONLY

COURSE AREA	COURSE NUMBER	SEMESTER HOURS	DEFICIENCY	
A. Foundations of bilingual education				_____ Total semester hours
B. Assessment of bilingual students				☐ 100 clock hours
C. Methods and materials for teaching limited-English-proficient students in bilingual programs				☐ 3 months teaching experience
D. Cross-cultural studies for teaching limited-English-proficient students				☐ Valid Illinois teaching certificate
E. Methods and materials for teaching English as a second language				
Comments:			☐ Approved ☐ Not Approved	Evaluator's Initials _____

I request approval in the area(s) above.

I request a review by the Educator Certification Division.

Date	*Signature of Applicant*	*Date*	*Signature of Regional Superintendent*

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