

RETURN COMPLETED FORM TO ... Department of Educational Leadership, Eastern Illinois University,
2320 Buzzard Hall, 600 Lincoln Avenue, Charleston, IL 61920 ...
... email edadmin@eiu.edu or call **(217) 581-2919** for inquiries or assistance to fill-out form



Illinois State Board of Education

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



**VERIFICATION OF
TEACHING EXPERIENCE
(PRINCIPAL ENDORSEMENT ONLY)**

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I – TO BE COMPLETED BY THE EDUCATOR

An applicant applying for an Illinois Principal credential shall use this form to verify teaching experience.

APPLICANT NAME (Last Name, First, Middle, Maiden)	IEIN	BIRTHDAY (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	E-MAIL

PART II – TO BE COMPLETED BY THE SCHOOL DISTRICT

Please send/e-mail this completed form and any required documentation to address/email listed above.

DISTRICT NAME AND NUMBER	TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	E-MAIL
NAME OF AUTHORIZED OFFICIAL	TITLE

*A proficient or equivalent rating is considered the second-highest rating an educator can receive on a scale equivalent to excellent, proficient, needs improvement, and unsatisfactory. An excellent or equivalent rating is considered the highest rating an educator can receive.

** School Support Personnel experience can be acquired while serving as a school counselor, school psychologist, speech language pathologist (non-teaching), school nurse, school social worker, or school marriage and family counselor.

Please check the appropriate box below:

- 4 Years of School Support Personnel or Teaching Experience (**Must attach letter of experience.**)
- 3 Years of School Support Personnel or Teaching Experience **PLUS** a proficient rating on the three annual performance evaluations (**Must attach a letter of experience.**)
- 2 Years of School Support Personnel or Teaching Experience **PLUS** an excellent rating on the two performance evaluations (**Must attach a letter of experience.**)
- The above named applicant has not met any of the requirements listed above.

Date of performance evaluations: _____

Rating received on evaluations: _____

I certify the above-named individual has earned the performance rating and teaching/school support personnel experience indicated by the check box above.

Original Signature of Authorized Official

Date