

ILLINOIS STATE BOARD OF EDUCATION

Educator Certification Division
100 North First Street, S-306
Springfield, Illinois 62777-0001

ASSURANCE OF LOCAL ASSESSMENT FOR PARAPROFESSIONALS

INSTRUCTIONS FOR SCHOOL DISTRICT PERSONNEL: Make one copy of this form for your records and give the original signed and dated form to the paraprofessional. The paraprofessional must have the original of this document to submit to the regional office of education, along with a paraprofessional application (ISBE 73-95 form), to verify he or she has passed the local assessment.

PARAPROFESSIONAL INFORMATION

| | | |
|--|-------------------------------|------------------------|
| NAME (Last, First, Middle, Maiden) | SOCIAL SECURITY NUMBER | BIRTHDATE (mm/dd/yyyy) |
| ADDRESS (Street Number, City, State, Zip Code) | TELEPHONE (Include Area Code) | |
| | E-MAIL | |

SCHOOL DISTRICT INFORMATION

| | |
|--|-------------------------------|
| DISTRICT NAME AND NUMBER | TELEPHONE (Include Area Code) |
| ADDRESS (Street Number, City, State, Zip Code) | CONTACT NAME |
| | E-MAIL |

Please note that in order to obtain State and NCLB approval, the local assessment must be combined with either completion of 30 semester hours from a regionally accredited institution of higher education or a training program approved by ICCB. (Currently there are no approved paraprofessional training programs.)

I have determined that _____
(Name of Local Assessment)

is a valid and reliable assessment for paraprofessionals and that the above-named paraprofessional passed the local assessment on

(Date)

Date

Name of District Superintendent

Original Signature of District Superintendent