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119 W. Madison St., Suite 102
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NEW Substitute Teachers holding a Professional Educator License (PEL)

A valid substitute teacher must possess a valid Illinois Professional Educator License (PEL) or a Substitute License (SUB) registered with ROE35. The ROE distributes a list of qualified substitutes to our districts regularly updated with new names

A. Please complete all the requirements and forms provided in the SUB Packet before visiting our office

1. Completed **"LaSalle County Substitute Teacher List Application"** form
2. Completed **"Mandated Reporter"** form
3. Completed **"Employee Eligibility Verification"** form
4. **Illinois State Police and FBI Fingerprint Background Check** form
5. **Physical Examination** (less than 90 days old)
6. **Results of Tuberculin Skin Test** (less than 90 days)
7. Photocopy of your current **Driver's License** and **Social Security Card**

*Verification that your name is **not** on the Illinois Sex Offender database or on the Illinois Child Murderer and Violent Offender database will be done to verify that your name is not on either database

B. Once section A is completed please call our office at 815-434-0780 to make an appointment for a background check.

1. Fingerprinting is done in our office by appointment **ONLY**
2. Results will generally be returned to the ROE within 3-5 business days
3. **\$75 cash, check or money order made payable to ROE35**

*Please remember your license must be registered in the county or region in which you are teaching. You cannot substitute teach in LaSalle, Marshall & Putnam if your license is not registered in our region. State and Federal regulations make it necessary for you to complete and submit these forms before we can issue your Substitute Teacher Authorization.

The LaSalle Marshall and Putnam County Substitute Teacher List is distributed electronically to all school districts in our region. We recommend that you make your own contacts with the individual schools you are interested in working at. Please be advised to keep this list current and to be able to provide you with more job opportunities you will be asked to fill out a form annually to confirm your intent.

****Be sure to keep your contact information UP TO DATE on your ELIS account that you created in section A****

LASALLE COUNTY SUBSTITUE TEACHER LIST APPLICATION

NAME: _____ SOCIAL SECURITY OR IEIN #: _____

ADDRESS: _____

PHONE: _____ CITY: _____ STATE: _____ ZIP _____ GRADE LEVEL _____

PREFERRED: _____

SUBJECT(S) PREFERRED: _____

Have you, in Illinois or any other state:

Yes	No	Question
		Been convicted of any sex, narcotics or drug offense?
		Been convicted of a felony?
		Have you failed to file a tax return with the Illinois Dept. of Revenue, or failed to pay any tax, penalty or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?
		Have you ever been named as a perpetrator or subject of a child abuse or neglect report filed by a state agency responsible for child welfare?
		Ever had a certificate suspended?
		Ever had a certificate revoked?
		Is revocation or suspension pending in Illinois or any other state?
		Are you in default on an Illinois Student Loan?
		Are you in default on Child Support payments?

Please explain any "Yes" answers on a separate sheet of paper.

I will substitute teach in the following School Districts:

- | | |
|---|--|
| <p>____ #1 Leland Elementary/High</p> <p>____ #2 Serena Elementary/High (includes Serena, Sheridan, Harding)</p> <p>____ #5 Henry Senachwine CU</p> <p>____ #7 Midland</p> <p>____ #9 Earlville Elementary/High</p> <p>____ #40 Streator High</p> <p>____ #44 Streator Elementary</p> <p>____ #65 Allen/Otter Creek-Ransom Elem</p> <p>____ #79 Tonica Elementary</p> <p>____ #82 Deer Park Elementary</p> <p>____ #95 Grand Ridge Elementary</p> <p>____ #120 LaSalle- Peru High</p> <p>____ #122 LaSalle Elementary</p> <p>____ #124 Peru Elementary</p> <p>____ #125 Oglesby Elementary</p> <p>____ #140 Ottawa High</p> <p>____ #141 Ottawa Elementary</p> <p>____ #150 Marseilles Elementary</p> | <p>____ #160 Seneca High</p> <p>____ #170 Seneca Elementary</p> <p>____ #175 Dimmick Elementary</p> <p>____ #185 Waltham Elementary</p> <p>____ #195 Wallace Elementary</p> <p>____ #210 Milton Pope Elementary</p> <p>____ #230 Rutland Elementary</p> <p>____ #280 Mendota High</p> <p>____ #289 Mendota Elementary</p> <p>____ #425 Lostant Elementary</p> <p>____ #535 Putnam County CUSD</p> <p>____ Circuit Breaker- Peru</p> <p>____ Regional Safe Schools- Peru</p> <p>____ St. Michael/Archangel Elem- Streator</p> <p>____ Holy Cross Elementary- Mendota</p> <p>____ Peru Catholic Elementary</p> <p>____ Marquette Academy-Ottawa</p> <p>____ Trinity Catholic Academy-LaSalle</p> <p>____ Holy Family Elementary- Oglesby</p> <p>____ Lighted Way</p> |
|---|--|

After reviewing and correcting any errors in the above information, I verify it to be correct.

Signed: _____ Date: _____

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

SUBSTITUTE TEACHER _____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

CANTS 22 Rev. 8/2013

Signed: _____ Date: _____

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701 www.DCFS.illinois.gov



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PHYSICIAN'S STATEMENT OF GOOD HEALTH & TB Results (less than 90 days old)

The * Illinois School Code requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee.

I hereby certify that _____ meets the above requirement of **physical fitness**.

_____ Date Signature M.D.

Address

City Zip

This is to certify that the above-named individual is free of **tuberculosis**. This is based on:
A TUBERCULIN SKIN TEST GIVEN ON _____ indicating _____ mm.

_____ Date Signature M.D. or
Nurse

* (105 ILCS 5/24-5) * Sec. 24-5. Physical fitness and professional growth. School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Such evidence shall consist of a physical examination and tuberculin skin test, and if appropriate, an x-ray, made by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches not more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee. The board may from time to time require an examination of any employee by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches and shall pay expenses thereof from school funds. School boards may require teachers in their employ to furnish from time to time evidence of continued professional growth. (Source: P.A. 78-344.)

SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION FORM

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons who or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize the LaSalle Marshall Putnam County Regional Office of Education to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize the LaSalle Marshall Putnam County Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the LaSalle Marshall Putnam County Regional Office of Education to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that conviction on any of the enumerated offenses or the presence of your name on any of these reports will exclude me from substitute teaching in LaSalle Marshall Putnam County schools and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the Regional Superintendent shall share criminal history reports with the Superintendent of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database. *t*

I understand that receiving a LaSalle Marshall Putnam County Substitute Authorization certificate is necessary to substitute teach in LaSalle Marshall Putnam County Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in LaSalle Marshall Putnam County.

Name (Please Print) Date Signature IEIN or Social Security Number:

Name: _____ IEIN (or)SSN: _____

Date: ____/____/____

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

Regional Office of Education # 35

119 W. Madison St. - Room 102

Ottawa, IL 61350

815-434-0780 (Tel)

434-2453 (Fax)

TO BE COMPLETED BY APPLICANT/EMPLOYEE

Please PRINT legibly or type

Last Name: _____ First Name: _____ MI: _____

SOCIAL SECURITY#: _____ DATE OF BIRTH: ____/____/____
Month Day Year

PLACE OF BIRTH _____ (State or Country)

Sex ____ Race ____ (Note: select white for Hispanic)

Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

Eye Color ____ Hair Color ____ Height ____ Weight ____

DRIVER'S LICENSE _____

HOME ADDRESS _____

Street Address

City _____ State _____ Zip _____

Phone (_____) _____ - _____

Applicant Authorization

Without reservation, I authorize this organization to procure my criminal history record and to furnish this information concerning my criminal history record check or other history.

APPLICANT SIGNATURE: _____ DATE ____/____/____

VERIFY Account Code: XROE35

VERIFY Reference # _____

APPLICANT JOB CATEGORY:

IL050E35S CSE

Date: _____ Time: _____

ISP TCN Tracking #: LS10531L8290 _____

Proof of Identification:

Drivers License: ____ Student ID: ____ Military ID: ____ FOID: ____

State ID: ____ Other: _____

Technician Name: _____



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In efforts to reduce the substitute teacher shortage, ISBE is now offering a reimbursement of the application fee to qualifying applicants.

To Qualify:

- Substitute License issuance date must be later than **July 1, 2017**.
 - PEL, ELS-PEDU and ELS-PARA licenses are NOT included in this program.
- Educator must substitute teach at least **10 full school days within one year** of the issuance date.
- Educator must apply for the reimbursement within **18 months** of the issuance date.

If these requirements are met:

- Educator should complete Part I of the form [73-02: Substitute License Fee Refund Request](#).
- Have a School or District Official complete Part II certifying employment of a minimum of 10 days during the past year (since Substitute License has been issued).
- District Official will email completed form to sub10refund@isbe.net.

Please note:

- IEIN and date of issuance can be found under the educator's ELIS account.
<https://sec3.isbe.net/IWASNET/login.aspx>
- This form must be returned to ISBE by the school or district official. *Forms submitted by the applicant will not be honored.*
- All refunds will be credited back to the credit/debit card used to make the original payment.
- **Substitute Authorization fees and background check fees paid to the ROE are NOT reimbursable.**

Please contact our office with any questions.