



Sangamon-Menard Regional Office of Education

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www.roe51.org

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SUBSTITUTE TEACHER CHECKLIST

NAME: _____

DATE/INITIALS

- _____ Proof of identification (driver's license, state i.d.)
- _____ Proof of physical (within 90 days)
- _____ Schedule appointment for Fingerprint at www.roe51.org. **On the right side of page under "Services," click on "Schedule Background Check."**
- _____ Fingerprint Background Check Fee \$50 (non-refundable):
Paid by: Check # _____ /CC Auth _____ /Cash

Professional Educator License or Substitute License

- I hold an IL Professional Educator License registered through _____**
(If license is not registered pay online through ELIS at www.isbe.net);
- I hold an IL Substitute License registered through _____;**
- I hold an IL Paraprofessional/Aide License and have a Bachelor's Degree;**
- I Do Not Currently Hold an IL Educator License:***
I understand that I will need to complete the following:
 - Complete on-line Substitute application (\$50/nonrefundable)
 - Pay on-line registration fee (\$50/nonrefundable)
- _____ Official transcripts in a sealed envelope; or Official transcripts sent electronically **from University directly to kbrewer@roe51.org.**
- _____ Signed authorization of release form
- _____ Signed authorization for placement in sub database

I understand the requirements for obtaining a substitute teaching license/authorization as set forth in 105 ILCS 5/10-21-9.

Signature of Applicant	Date	Signature of ROE	Date
Sub Authorization Completed (Initials)			Date Mailed