SUBSTITUTE TEACHER CRIMINAL HISTORY 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 West 40 Intermediate Service Center No. 2, Region 6 (West 40) 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 West 40 to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize the West 40 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 my name on any of these reports will exclude me from substitute teaching in West 40 schools and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the Executive Director of West 40 Intermediate Service Center No. 2 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 payment in the amount of $50 to West 40 for the cost of the criminal history checks, checks of the Statewide Sex Offender Database, Statewide Child Murderer and Violent Offender Against Youth Database, and maintaining these records.

I understand that receiving a Substitute Authorization Certificate from West 40 is necessary to substitute teach in Region 6 Public Schools, and that obtaining such certificate does not guarantee that I will be hired as a substitute teacher in Region 6 .

_____ _____

Name (Please Print) Date

_____ _____

Signature IEIN or Social Security Number

_____

Certificate Number

Substitute Teacher Health Exam Authorization Form

Name: _____ Position: Substitute Teacher

Address: _____ Phone Number: (_____)_____

_____ E-Mail: _____

City State Zip

PA 96-1489 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must successfully pass an examination to determine that you are in good enough health to complete the job duties of a Substitute Teacher and that you are free of Tuberculosis. In addition, you must provide the results of your TB Skin test or chest x-ray as well as the date on which it was performed and read. These results must be within the last 90 days to be in compliance with the Illinois School Code.

_____ _____

Applicant Signature Date

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITONER

PHYSICAL APPEARANCE: Height: _____ Weight: _____

TB TESTING:

***Illinois School Code requires substitute teacher candidates to be screened for tuberculosis prior to employment. A TB skin test must be performed within the last 90 days. The date the TB test was administered, the date the TB test was read and the results must be documented below. Self-reading by employee is not acceptable. If the TB test is positive, a chest x-ray must be performed 0within the last 90 days. The date of the chest x-ray, results and initiation of treatment as necessary must be documented.

Date Administered: _____ Date Read: _____ Result: _____ Read by: _____

If positive, chest x-ray done: _____ Result: _____ Date TB prophylaxis initiated: _____

Administered At: _____ (_____)_____

Name of Facility Phone Number

SIGNATURE OF PHYSICIAN OR NURSE PRACTITIONER:

I hereby certify and state that _____ is in good physical and mental health to
(Name of Substitute Teacher)
perform the essential functions of the position of substitute teacher.

Print Name: _____ Medical License #: _____

Phone Number: (_____)_____

Signature: _____ Date: _____