



## **SUBSTITUTE TEACHING**

**\*If you already hold an Illinois PEL or Substitute License\***

### **Please complete and return the following:**

- *Substitute Registration form*
- *Background Check Authorization form*
- *Fingerprint Vendor Selection form*
  - All fingerprint fees are paid by the Educator.
  - Submit a personal check made out to ROE8 for the fee indicated.
  - Once fees are received an instruction letter will be sent with information you will need to set up an appointment.
- *Employee Health Examination*
- *DCFS Mandated Reporter System form*
- *Teachers' Retirement System form*
  - You do not need to do this if you're a former/retired teacher in Illinois.

### **Please note the following:**

Do **NOT** go directly to the selected agency to be fingerprinted; please wait for an instructional letter from the ROE to be sent to you.

Effective July 1, 2011 individuals applying to work as a substitute teacher must pay the cost of their criminal background investigation

If removed from the list for a period of one year or more, individuals will be required to be re-fingerprinted and provide an updated health examination.



**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

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

\_\_\_\_\_, 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 and neglect 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 understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

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.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date



## ***SUBSTITUTE TEACHER BACKGROUND CHECK AUTHORIZATION***

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 and a check of criminal databases to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

- I authorize the Regional Office of Education 08 to check for my name on the Statewide Illinois Sex Offender Database.
- I further authorize the Regional Office of Education 08 to check for my name on the Illinois State Police Murderer and Violent Offender Against Youth Registry.
- If I reside out of state I authorize the Regional Office of Education to check for my name on that State's data base(s) for Sex Offenders, Murderer and Violent Crimes Against Youth.

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 ROE 08 schools and could result in the suspension, revocation, or surrender of my teaching license(s).

I understand 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 Licensure Board. I further understand that a copy of the criminal history check shall be provided to me.

I understand that I am responsible for the payment of the cost of the criminal history check.

I understand that I will not be added to the ROE 08 Substitute Teacher listing until the Regional Office receives my background check results from the Illinois State Police and the Federal Bureau of Investigation and my Employee Health Examination form.

I understand that having my name placed on the ROE 08 Substitute Teacher listing does not guarantee that I will be hired as a Substitute Teacher.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

The Illinois School Code, in 105 ILCS 5/24-5, mandates that the Regional Office require of new employees evidence of physical fitness and freedom from communicable diseases. Such evidence shall consist of a physical examination made by a physician licensed in Illinois or any other state... not more than 90 days preceding time of the presentation to the board. An employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. Cost of such examination(s) shall rest with the employee.

## **EMPLOYEE HEALTH EXAMINATION**

I hereby certify that the above named person meets the requirements of physical fitness and is free of communicable diseases.

Date of Exam: \_\_\_\_\_

Name/Address of Clinic/Office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Physician/Physician Assistant: \_\_\_\_\_

Signature of Physician/Physician Assistant \_\_\_\_\_



## Fingerprint Vendor Selection

Please select a vendor and follow the instructions listed below

<input type="checkbox"/>	<b>Regional Office of Education #8 – Freeport</b> Mon-Fri, 8:00am- 4:00pm <b>Fee - \$60.00</b>	<p style="color: red; margin: 0;"><b>Please make check payable to ROE 8 for \$60.00</b></p> You will schedule an appointment with the Regional Office of Education #8 once payment is received.
<input type="checkbox"/>	<b>Carroll County Sheriff’s Department – Mt. Carroll</b> Mon-Fri, 8:00am- 5:00pm <b>Fee - \$28.25</b>	<p style="color: red; margin: 0;"><b>Please make check payable to ROE 8 for \$28.25</b></p> Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office. <u>*The Carroll County Sheriff’s Department does take appointments; however, there may be delays at the time of your appointment due to staffing shortages.</u>
<input type="checkbox"/>	<b>Jo Daviess County Sheriff’s Department – Galena</b> Tuesdays, 8:00am- 4:30pm <b>Fee - \$28.25</b>	<p style="color: red; margin: 0;"><b>Please make check payable to ROE 8 for \$28.25</b></p> Do NOT schedule an appointment with the vendor until you have been contacted or received a letter from the Regional Office. <u>*There will be an additional \$26.00 fee due to Jo Daviess County Sheriff’s Office at the time of the appointment.</u>

### Please complete the following information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised Mar 2022



# Substitute Teaching Registration Form

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please check the school districts where you would like to substitute for FY2025**

**CARROLL COUNTY**

**JO DAVIESS COUNTY**

**STEPHENSON COUNTY**

308 Eastland (Lanark/Shannon)

119 East Dubuque

145 Freeport\*

314 West Carroll  
(Mt.Carroll/Savanna/Thomson)

120 Galena

200 Pearl City

399 Chadwick-Milledgeville

205 Warren

201 Dakota

206 Stockton

202 Lena-Winslow

210 River Ridge  
(Elizabeth/Hanover)

203 Orangeville

211 Scales Mound

Regional Alternative Program  
(Freeport)

Jo Daviess-Carroll CTE  
Academy (Elizabeth)

Regional Alternative Program  
(Elizabeth)

Grade Level: \_\_\_\_\_ Subject Area(s): \_\_\_\_\_

**OR**

**I am no longer interested in being included on the sub list for FY 2025**

**Please note that if you are removed from the sub list, and choose to re-add your name at a later date, you will be required to submit a new background check and health examination.**

\*If you wish to substitute teach at **Freeport School District**, and have not done so before, please contact their Human Resource Department at (815) 232-0300. If you have substituted with them previously, you do not need to contact them unless there is a change in your contact information.

**FY 2025- FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ IEIN #: \_\_\_\_\_ Renewal Year: \_\_\_\_\_