



Adams County Office | 507 Vermont | Quincy, IL 62301 | (217) 277-2080
 Pike County Office | 1267 West Washington | Pittsfield, IL 62363 | (217) 285-6714
 Morgan County Office | 110 N. West Street | Jacksonville, IL 62650 | (217) 243-1804
 Cass County Office | 651 South Morgan, Room 119 | Virginia, IL 62691 | (217) 452-7239
 www.roe1.org

Jill S. Reis
 Regional Superintendent of Schools
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 Assistant Regional Superintendent
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SUBSTITUTE TEACHER BACKGROUND INQUIRY 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 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 Regional Office of Education #1 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 Regional Office of Education #1 to check for my name on the Statewide Illinois Sex Offender Database.
- I further authorize the Regional Office of Education #1 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 Regional Office of Education #1 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.
- I understand that receiving a Regional Office of Education #1 Substitute Information Letter is necessary to substitute teach in school districts of Regional Office of Education #1 , and such letter does not guarantee that I will be hired as a substitute teacher in school districts of Regional Office of Education #1.

 Name (Please Print)

 Date

 Signature

 IEIN or Social Security Number



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Statement of Good Health or Attach Physical Exam

School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee. A new or existing substitute teacher 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. The board may from time to time require an examination of any substitute teacher employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, a licensed advanced practice nurse, or a licensed physician assistant and shall pay the expenses thereof from school funds.

Tuberculosis tests are required by all employee/substitutes that are in a Pre-K facility.

_____	_____	_____
Last Name (<i>print</i>)	First Name (<i>print</i>)	Middle Name (<i>print</i>)
_____	_____	_____
Street Address	City, State, Zip	Date of Birth

Recommendations

The above individual was found free of communicable disease and otherwise physically and emotionally fit for employment in the schools.

____ Yes ____ No If no, please explain: _____

_____	_____
Physician's Signature, M.D.	Date
_____	_____
Address	Telephone

PLEASE FAX TO: Ginger Scott, Regional Office of Education #1-217/277-2092