



## EDUCATIONAL ADVANCEMENT COMPLETION FORM

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

**Program you are completing:**

<input type="checkbox"/> <b>A.</b> First Masters degree program
<input type="checkbox"/> <b>B.</b> Additional Masters degree program
<input type="checkbox"/> <b>C.</b> Endorsement Program – ISBE approved (Non-LBS1)
<input type="checkbox"/> <b>D.</b> Endorsement Program - ISBE approved (LBS1)
<input type="checkbox"/> <b>E.</b> National Board Certification*

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please be sure a copy of your final transcript indicating completion of program and/or proof of receipt of new endorsement is sent directly from college, no later than July 31<sup>st</sup>, via email to [tcolter@geneseoschools.org](mailto:tcolter@geneseoschools.org), or mail to Geneseo CUSD#228, Attn: Human Resources, 648 N. Chicago Street, Geneseo, IL 61254, in order to advance per professional agreement. \*Upon earning National Board Certification, the teacher must provide documentation from the National Board for Professional Teaching Standards to the Superintendent. The monetary award will be processed according to procedures outlined in the Professional Agreement under Compensation.

<b>For Office Use Only</b>
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The person named above should be paid at:

<input type="checkbox"/> Lane MA \$4,000	<input type="checkbox"/> EAAEN (Non-LBS1) \$1,500
<input type="checkbox"/> Lane MA2 \$4,000	<input type="checkbox"/> EALBS (LBS1) \$2,500
<input type="checkbox"/> EAANB* \$3,000   \$6,000	

**Superintendent's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_