
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

NAME OF INSTRUCTOR: _____ **BANNER ID** _____

DEPARTMENT: _____

RANK: _____ **DATE OF HIRE:** _____

**CERTIFICATION OF THE ORAL ENGLISH PROFICIENCY OF THE FACULTY MEMBER NAMED IS
BASED UPON THE FOLLOWING INDICATOR(S):**

- A** Peer evaluation of a classroom session
- B** Teaching evaluation forms completed by students
- C** Oral presentation before an on-campus audience
- D** Personal conference with the department chair
- E** Departmental conference attended by students and/or faculty
- F** Favorable recommendation by a campus-based special review committee
- G** The successful completion of developmental activities on oral language proficiency
- H** Other:

***FOLLOWING EVALUATION OF THE APPLICABLE INDICATORS, I CERTIFY THAT THE
INSTRUCTOR NAMED ABOVE IS ORALLY PROFICIENT IN THE USE OF THE ENGLISH
LANGUAGE.***

NAME OF DEPARTMENT: _____

NAME OF CHAIRPERSON: _____

SIGNATURE: _____

DATE OF SIGNATURE: _____

I accept this finding:

SCHOOL/COLLEGE _____

OF: NAME OF DEAN: _____

SIGNATURE: _____

I have reviewed this form:

SIGNATURE OF NAMED INSTRUCTOR: _____

DATE OF SIGNATURE: _____

PUBLIC ACT 84-1434 REQUIRES THAT ALL PERSONS PROVIDING CLASSROOM INSTRUCTION AT SOUTHERN ILLINOIS UNIVERSITY BE PROFICIENT IN THE ORAL USE OF ENGLISH. PRIOR TO THE FIRST DAY OF THE FALL QUARTER, 1987, AND THEREAFTER, EACH INDIVIDUAL WHO PROVIDES CLASSROOM INSTRUCTION MUST BE CERTIFIED AS PROFICIENT. THIS FORM, ONCE COMPLETED, WILL BECOME A PART OF THE INDIVIDUAL INSTRUCTOR'S PERMANENT PERSONNEL FILE.