



Wisconsin Department of Public Instruction
Educator Licensing Online

License Details

When viewing the license details of an educator, the Stage displayed on a license that expires this year may not reflect the actual Stage for which the educator has been approved. If verifying current licensure for employment, it is recommended that the applicant provide proof of accurate licensure via a copy of their license certificate.

For information about license statuses, please review [Check My Educator License Status](#).

Information valid as of 01/25/2024 09:40 AM

All paid applications will be reviewed by DPI. The length of the review process (and possible approval) will vary due to the complexity of each application and overall volume of applications received. This process may take at least 6-8 weeks.

Click "Search Results" to return to the Search Results list.

Click "New Search Criteria" to do another search of this type.

Click "New Search" to start new search.

Click "Print" to print a copy of this page.

SCHIPPER, TIMOTHY MICHAEL

Entity Number: 120759

Last Background Check Submitted: 2023

License Type:	A001 - Administrator
Stage:	Lifetime License
License Number:	2001044894
Original License Date:	07/01/2023
Most Recent Application/Payment Received:	07/11/2023 02:17:01 PM
Valid From:	07/01/2023
Expires On:	
License Status:	Valid for Dates Shown
Renewal Guidelines:	Valid w/ Employment & Background Check
Pending Renewal/Extension:	No

Position/Subject:	5051 - Principal
Developmental Level:	Early Childhood-Adolescence
Low Grade:	N/A
High Grade:	N/A

License Type:	A001 - Administrator
Stage:	Professional Educator
License Number:	2001003915
Original License Date:	07/01/2007
Most Recent Application/Payment Received:	06/16/2017 12:36:06 PM
Valid From:	07/01/2017
Expires On:	06/30/2022
License Status:	Valid for Dates Shown
Renewal Guidelines:	PDP Accepted
Pending Renewal/Extension:	No

Position/Subject: 5051 - Principal
 Developmental Level: Early Childhood-Adolescence
 Low Grade: N/A
 High Grade: N/A

License Type: T001 - Teacher
 Stage: Professional Educator
 License Number: 1001271207
 Original License Date: 07/01/1993
 Most Recent Application/Payment Received:
 Valid From: 07/01/2008
 Expires On: 06/30/2013
 License Status: Expired
 Renewal Guidelines: 6 Credits or PDP Accepted
 Pending Renewal/Extension: No

Position/Subject: 1601 - Broad Field Science
 Developmental Level: N/A
 Low Grade: Grade 6
 High Grade: Grade 12

Position/Subject: 1605 - Biology
 Developmental Level: N/A
 Low Grade: Grade 6
 High Grade: Grade 12

License Type: A001 - Administrator
 Stage: Invalid Lifetime License
 License Number: 2590006400
 Original License Date: 09/22/2017
 Most Recent Application/Payment Received:
 Valid From: 09/22/2017
 Expires On: 06/30/2022
 License Status: Expired
 Renewal Guidelines: Apply for New License
 Pending Renewal/Extension: No

Position/Subject: 5051 - Principal
 Developmental Level: Early Childhood-Adolescence
 Low Grade: N/A
 High Grade: N/A



Wisconsin Department of Public Instruction
EMPLOYMENT VERIFICATION
 PI-1613 (Rev. 08-18)

This form is available at [lepd1.dpi.wi.gov/licensing/supplementary-forms](http://dpi.wi.gov/licensing/supplementary-forms)

INSTRUCTIONS TO EMPLOYER: Complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Return the completed form to the applicant.
Phone Number: (800) 266-1027 or (608) 266-1027
Website: <http://dpi.wi.gov/lepd1>

TO THE APPLICANT: Complete Section I (print or type) and then send to your employer (district administrator or personnel director) for completion of Sections II and III. After it has been returned to you, scan and upload when applying for a license using ELO.

I. APPLICANT INFORMATION

Legal First Name: Timothy
 Middle Initial: M
 Last Name: Schipper
 SSN Last 4 Digits Only: [Redacted]

Name of Employing School District/Agency: Fond du Lac School District
 Location of School District or Agency, City, State: Fond du Lac, Wisconsin

II. EMPLOYMENT HISTORY

Dates MM/DD/YYYY From To	II A. Employment Details Complete separate line for each assignment Complete Part II B for teaching assignments ONLY.	FTE Example 1.0 or .25	II B. For Teaching Assignments Only Complete separate line for each assignment		
			Type of Teacher	Grades Taught	Subjects Taught
7/1/07 to 7/10/23	<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input checked="" type="checkbox"/> Pupil Services <input checked="" type="checkbox"/> Administrator <input type="checkbox"/> Other Position Specify:	1.0	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Substitute Check One below: <input type="checkbox"/> Short Term or <input type="checkbox"/> Long Term	K-8	Principal
8/23/93 to 6/30/07	<input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Pupil Services <input type="checkbox"/> Administrator <input type="checkbox"/> Other Position Specify:	1.0	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Substitute Check One below: <input type="checkbox"/> Short Term or <input type="checkbox"/> Long Term	6-9	Science

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successfully completed.
 Exceptions, Limitations or Other Comments:

Name of School or School District: Fond du Lac School District

Street Address: 72 West Ninth Street
 City: Fond du Lac
 State: WI
 Zip Code: 54935

Employer's Name First and Last—Type or Print Legibly: Dr. Jeffrey Fleig
 Employer Telephone Area Code/No.: (920) 906-6501
 Employer's Email Address: lfcjgj@fonddulac.k12.wi.us

Signature of Employer: [Handwritten Signature]
 Title of Employer: Superintendent of Schools
 Date Signed Mo./Day/Yr.: 7/11/23



Simon, Sharon <simons@fonddulac.k12.wi.us>

Fwd: Threats of Violence Training Completion - Tim Schipper

1 message

Sheridan, Marian <sheridanm@fonddulac.k12.wi.us>
To: Sharon Simon <simons@fonddulac.k12.wi.us>

Tue, Oct 23, 2018 at 3:09 PM

----- Forwarded message -----

From: <noreply@dpi.wi.gov>
Date: Tue, Oct 23, 2018 at 2:45 PM
Subject: Threats of Violence Training Completion - Tim Schipper
To: <sheridanm@fonddulac.k12.wi.us>

Hello, You are receiving this email because one or more of your colleagues have completed an e-learning module from the Wisconsin Department of Public Instruction. Please do not reply to this email. If you wish to contact your colleague, compose a new email message. This email is sufficient documentation of training completion for the below named employee. You may wish to save this email in a file, or print a hard copy, as proof of training completion.

For questions regarding these modules, please contact dpisspw@dpi.wi.gov.

I have completed Mandatory Reporting of Threats of School Violence: Training for All School Employees.

Timestamp 10/23/2018 14:45:07

I have completed Mandatory Reporting of Threats of School Violence: Training for All School Employees. Yes
Send completion email to: sheridanm@fonddulac.k12.wi.us
Your First Name: Tim
Your Last Name: Schipper
School District: Fond du Lac School District
Your Email: schippert@fonddulac.k12.wi.us



**Wisconsin Child Welfare
Professional Development System**
SCHOOL OF SOCIAL WORK
UNIVERSITY OF WISCONSIN-MADISON

CERTIFICATE OF COMPLETION

This certifies that

Timothy M. Schipper

has successfully completed

Mandated Reporter Online Training

12/14/2017

Wisconsin Child Welfare Professional Development System (WCWPDS)
wcpds.wisc.edu/mandatedreporter

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

LICENSE

ENTITY NUMBER: 120759

VALID 07/01/2017 THROUGH 06/30/2022

Administrator - Professional Educator

TIMOTHY MICHAEL SCHIPPER

5051 - Principal (EC-A)

The holder may renew this license by successfully completing a Professional Development Plan as verified by a PDP Team.

This is to verify that the person named herein has furnished the State Superintendent of Public Instruction with satisfactory evidence of preparation and experience and is licensed for the position, subject and/or grade herein listed.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.



A handwritten signature in black ink, appearing to read "Tony Spivey".

STATE SUPERINTENDENT



Online Payment Summary

Amount Paid: 125.00
Authorization Number: WS2ELO001953666
Batch Trace Number 350497

Misc Charge / Application	Description	Board / Applicant Name	Fee	Trace Number
A001-11655	Administrator: Renew Professional Educator 5 year license - With PDP [2034]	SCHIPPER, TIMOTHY MICHAEL	125.00	350497

Passing this on
to HR, so as
to show that
I sent in my
Admin. License
Renewal, (5 yr.)
to DPI & PDP.
Verified 😊
K. Klassen

6/16/2017

Mail - Payment Confirmation for DPI - Educator Licensing Online



Schipper, Tim <schippert@fonddulac.k12.wi.us>

Payment Confirmation for DPI - Educator Licensing Online

1 message

WI DPI - Educator Licensing Online <noreply@epymtservice.com>

To: schippert@fonddulac.k12.wi.us

Fri, Jun 16, 2017 at 12:36 PM

*** PLEASE DO NOT RESPOND TO THIS EMAIL ***

Thank you for your payment.

This email is to confirm your payment submitted on Jun-16-2017 for DPI - Educator Licensing Online.

Confirmation Number: WS2ELO001953666

Payment Amount: \$125.00

Scheduled Payment Date: Jun-16-2017

Amount Due: \$125.00

Payer Name: Timothy Schipper

Credit Card Number: *4510

Credit Card Type: MC

Approval Code: 025890

Merchant: WI Dept of Public Instruction

Website: <http://tepd.dpi.wi.gov>

If you have questions about this payment or need assistance, please call Customer Service at (800)266-1027.

Thank you for using the Wisconsin DPI ELO electronic payment system.

Application Summary

6/16/17 12:29 PM

Page 1 of 3

License Type: **Administrator: Professional Educator
Administrator 5 Year**

Application: **Administrator: Renew Professional Educator
5 year license - With PDP [2034]**

Application Date: **06/16/2017 (mm/dd/yyyy)**

Personal Detail

First Name: **TIMOTHY**

Middle Name: **MICHAEL**

Last Name: **SCHIPPER**

Birthdate: **[REDACTED] (mm/dd/yyyy)**

Social Security Number: *********

Addresses

Home Address

Address: **[REDACTED]**

US

Phone Number: **[REDACTED]**

Extension: **[REDACTED]**

E-mail Address: **schippert@fonddulac.k12.wi.us**

Degree Information 1

Institution of Higher Education: **UW-La Crosse**

City: **LA CROSSE**

State: **Wisconsin**

Country: **United States**

Major: **Broadfield Science**

Minor: **Biology**

Graduation Month: **May**

Graduation Year: **1993**

Degree Obtained: **Bachelor**

Degree Information 2

Institution of Higher Education: **Marian University**

City: **FOND DU LAC**
State: **Wisconsin**
Country: **United States**
Major: **Master Educator**
Graduation Month: **May**
Graduation Year: **2007**
Degree Obtained: **Master**

Degree Information 3

Institution of Higher Education: **UW-La Crosse**
City: **LA CROSSE**
State: **Wisconsin**
Country: **United States**
Major: **Broad Field Science**
Graduation Month: **May**
Graduation Year: **1993**
Degree Obtained: **Bachelor**

Self-Reported Work History

School, Agency or Institution: **Fond du Lac School District**
Employment City: **Fond du Lac**
Employment State: **WI**
Employment Country: **United States**
Employer Contact Name: **FDL School District**
Employer Contact Phone #: **9209292760**
Employment Start Month: **July**
Employment Start Year: **2010**
Employment End Month: **Current Assignment**
Employment End Year: **Present**
Position(s) or Subject(s) Taught: **Administrator/Principal**
Bilingual Assignment: **No**
Low Grade: **PK**
High Grade: **5**
Long-term Substitute: **No**
Full-time / Part-time Percentage: **100**

Professional Development Plan Attestation

I completed a PDP as identified on the previous screen, and this PDP was completed within the five years preceding my requested new license begin date. **Yes**

Evaluate License Synchronization Request

I have multiple Wisconsin Educator licenses with different expiration dates and would like DPI to evaluate my eligibility to synchronize the license cycles. If eligible, this would allow me to renew all of my licenses at the same time from this point forward. **No**

PDP Renew Return Expected

PDP Category:	Administrator
Completion Date of PDP:	06/20/2012
PDP Verified:	Y
PDP Category:	Administrator
Completion Date of PDP:	06/16/2017
PDP Verified:	Y

Fees

Application Fee	\$125.00
Total Amount Due:	\$125.00

Attestation

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

By transmitting this license application form, I certify, under penalty of perjury, under the laws of the State of WISCONSIN, that I am the applicant named above.



State of Wisconsin

e-Payment Services

[Exit](#)

Confirmation

You must click the "Exit" link in the upper right corner in order to return to the agency's website.
Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number **WS2ELO001953666**

Payment Details

Description WI Dept of Public Instruction
DPI - Educator Licensing Online
<http://tepd1.dpi.wi.gov>

Payment Amount \$125.00

Payment Date 06/16/2017

Status PROCESSED

File # 120759

Transaction # 350497

Payment Method

Payer Name Timothy Schipper

Card Number *4510

Card Type Master Card

Approval Code 0258890

Confirmation Email schipper@fonduliac.k12.wi.us

Billing Address

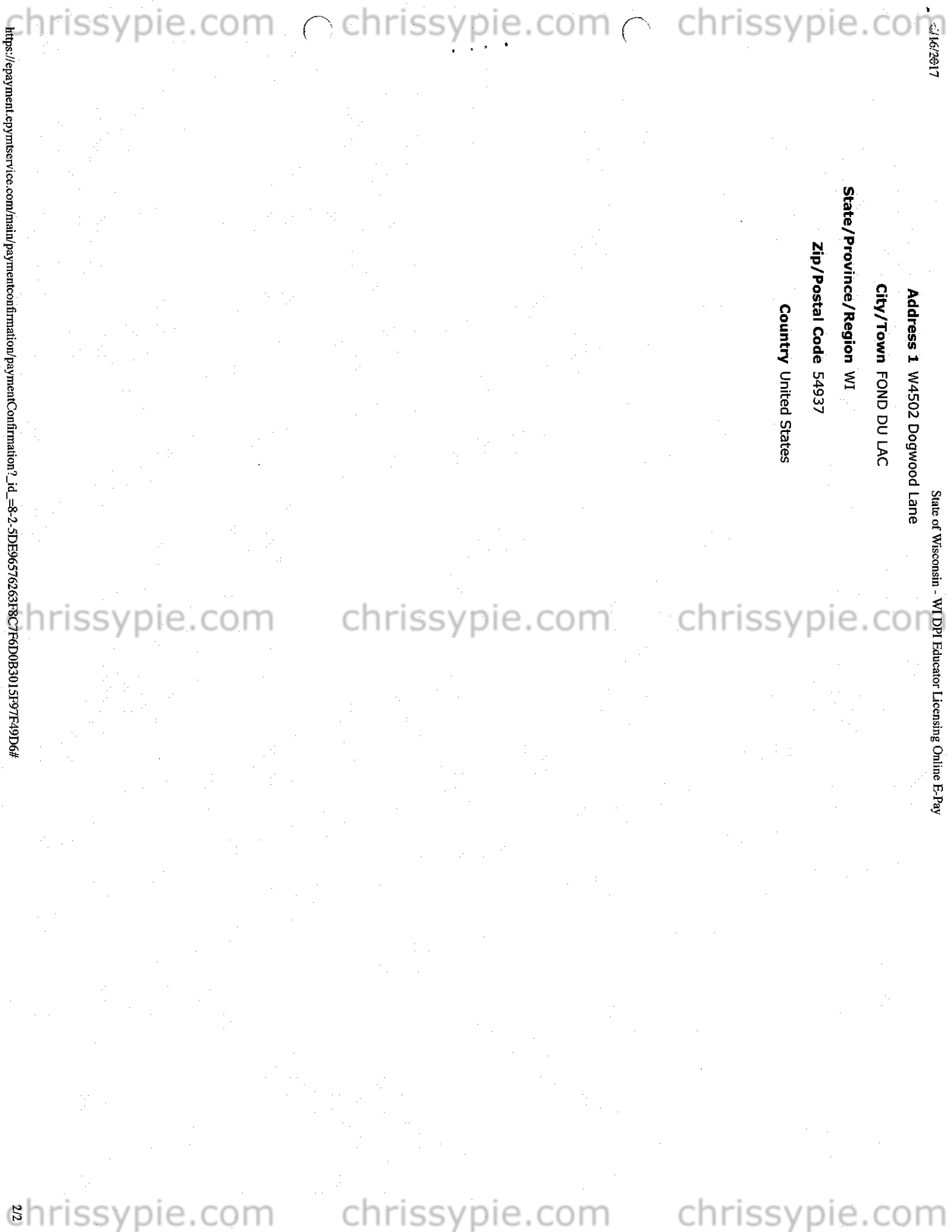
Address 1 W4502 Dogwood Lane

City/Town FOND DU LAC

State/Province/Region WI

Zip/Postal Code 54937

Country United States





Shapiro, Eileen <shapiroe@fonddulac.k12.wi.us>

license renewal

Shapiro, Eileen <shapiroe@fonddulac.k12.wi.us>

Tue, May 16, 2017 at 9:25 AM

To: Eileen Shapiro <wallyship@gmail.com>

Bcc: "Schipper, Tim" <schippert@fonddulac.k12.wi.us>, "Rochon-Luft, Torrie" <rochonluft@fonddulac.k12.wi.us>, Kevin Krutzik <krutzikk@fonddulac.k12.wi.us>

Hi Folks,

According to DPI records, your administrator's license is about to expire on June 30, 2017. If you haven't already done so, please go to the DPI ELO site and begin the renewal process BEFORE JUNE 30. There is usually high volume for renewals, so applying as soon as possible is recommended.

Please be aware that in order to work in the Fond du Lac School District, you must maintain a valid license. Should you fail to renew your DPI license, you will not be permitted to work, which means you will have terminated your employment with the Fond du Lac School District.

Board Policy dictates that a copy of your active administrator's license be maintained in your personnel file. Please forward a copy to Human Resources as soon as it is available to you (you will be able to print a copy from the ELO site--DPI no longer mails copies).

If you have any questions, please contact Human Resources @ 6501.

Thanks!

Eileen

Wisconsin Department of Public Instruction License

8-12-08
18-08

FILE NUMBER
120759

Professional Educator

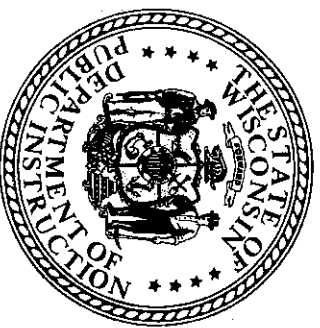
VALID 7/1/2008 THROUGH 6/30/2013

TIMOTHY MICHAEL SCHIPPER

- 21 GRADES 6-12 ✓ 601 BROAD FIELD SCIENCE
- 21 GRADES 6-12 ✓ 605 BIOLOGY/LIFE SCIENCE

— end of record —

The holder may renew this license if within the five years preceding the next license begin date, the holder has successfully completed either a Professional Development Plan as verified by a PDP Team or six semester credits.



This is to verify that the person named herein has furnished the State Superintendent of Public Instruction with satisfactory evidence of preparation and experience and is licensed for the position, subject, and/or grade herein listed.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.

Elizabeth Burmeister
STATE SUPERINTENDENT

Wisconsin Department of Public Instruction License

10/29/07
Sund

FILE NUMBER
120759

Initial Educator

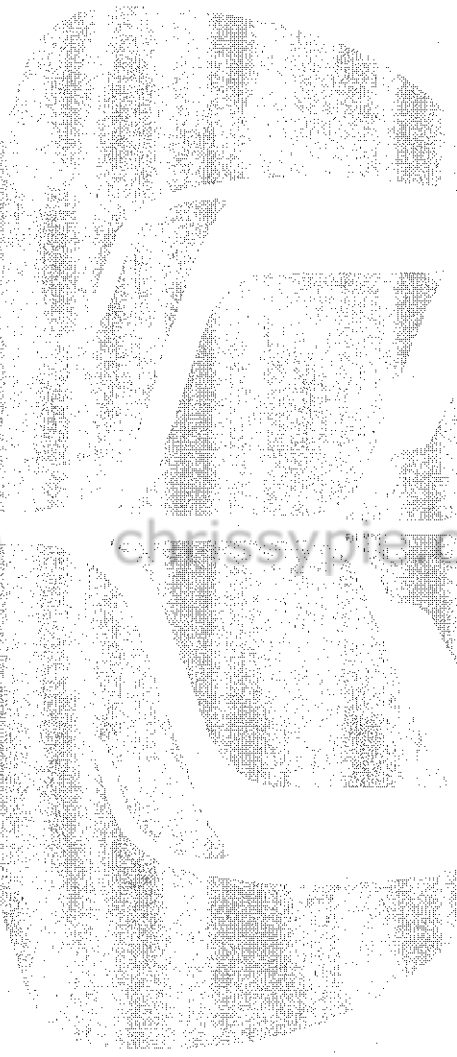
VALID 7/1/2007 THROUGH 6/30/2012

TIMOTHY MICHAEL SCHIPPER

51 PRINCIPAL

end of record

The holder must be successfully employed in his/her respective license category for at least three years and complete a Professional Development Plan as verified by an Initial Educator Team to be eligible for a Professional Educator License.



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IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.



Elizabeth Burmeister
STATE SUPERINTENDENT

Wisconsin Department of Public Instruction

6/24/03
SMB

LICENSE NUMBER
S160000120759

5-year license

ISSUED
7/11/2003

EXPIRES
6/30/2008

TIMOTHY MICHAEL SCHIPPER

21 GRADES 6-12 601 BROAD FIELD SCIENCE
21 GRADES 6-12 605 BIOLOGY/LIFE SCIENCE

— end of certificate —

This is to verify that the person named herein has furnished the State Superintendent of Public Instruction with satisfactory evidence of preparation and experience and is licensed for the position, subject, and/or grade herein listed.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.



PRINT

Elizabeth Bernwater
STATE SUPERINTENDENT

Wisconsin Department of Public Instruction
License

*Renewed
11/21/98*

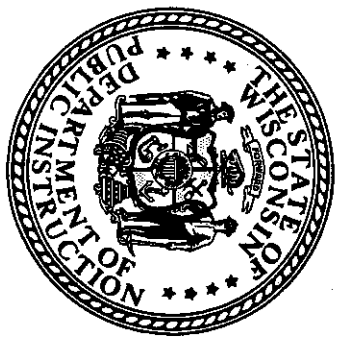
LICENSE NUMBER
S160000120759

5-year License

ISSUED 07/01/1998 EXPIRED 06/30/2003

TIMOTHY M SCHIPPER

- 21 MIDDLE/SECONDARY (GRADES 6-12) ✓ 601 BROAD FIELD SCIENCE
- 21 MIDDLE/SECONDARY (GRADES 6-12) ✓ 605 BIOLOGY/LIFE SCIENCE



This is to verify that the person named herein has furnished the State Superintendent of Public Instruction with satisfactory evidence of preparation and experience and is licensed for the position, subject and/or grade herein listed.

IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.

John T. Benson
STATE SUPERINTENDENT

012211

Wisconsin Department of Public Instruction License

X

LICENSE NUMBER
S160388608790

5 YEAR LICENSE

ISSUED
07/01/93

EXPIRED
06/30/98

TIMOTHY M SCHIPPER

- 21 MIDDLE/SECONDARY (GRADES 6-12)
- 21 MIDDLE/SECONDARY (GRADES 6-12)

- 605 BIOLOGY/LIFE SCIENCE
- 601 BROAD FIELD SCIENCE



This is to verify that the person named herein has furnished the State Superintendent of Public Instruction with satisfactory evidence of preparation and experience for the position, subject and/or grade herein listed.

IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND OFFICIAL SEAL.

John T. Benam

STATE SUPERINTENDENT