

CCCOE Teacher Induction Program

Early Completion Option Application (To Be Completed by September 30th of PTs First Year in Teacher Induction)

Name: _____ School: _____
District: _____ Grade/Subject: _____
Mentor: _____
Out of State Teacher: _____ Private School Teacher: _____ Other: _____

Prior K-12 Teaching Experience

School Name: _____
Address: _____
Yrs. Employed: _____ Grade Level / Subject: _____
Evaluator's Name and Phone #: _____ (_____) _____
Evaluator's Name and Phone #: _____ (_____) _____
School Name: _____
Address: _____
Yrs. Employed: _____ Grade Level / Subject: _____
Evaluator's Name and Phone #: _____ (_____) _____
Evaluator's Name and Phone #: _____ (_____) _____

I have attached a packet with the following information to verify my qualifications to complete the CCCOE Teacher Induction Program in 12-18 months instead of two years:

- ECO Application
- Performance Evaluations (see ECO document)
- Letters of Recommendation (see ECO document)

I understand that the CCCOE Teacher Induction Director will review my application and document packet to determine if I qualify for the early completion option.

Participant Signature: _____ **Date:** _____
District Teacher Induction Coordinator
Signature: _____ **Date:** _____

Office Use Only:

- This participant has been approved to participate in the early completion induction program option.
- This participant has not been approved to participate in the early completion induction program option due to the following reason(s):

CCCOE Teacher Induction Program Coordinator: _____ **Date:** _____