

TEACHER INDUCTION

Credential Information 2017-2018

This form needs to be completed for participation in CCCOE Teacher Induction Program

Please answer all questions completely and print clearly.

Date: _____

Date of Hire: _____

District: _____

PERSONAL INFORMATION

Name: _____ Full Time Employee: Yes: _____ No: _____
 SSN: _____ If part-time employee, what percent? _____
 Home Phone #: _____ Cell Phone #: _____ Date of Birth: _____
 Home Address: _____ Elementary Grade(s) you will teach: _____
 City, State: _____ Zip: _____ Secondary Subject(s): _____
 Home e-mail: _____ School Site: _____
 School Phone #: _____ Ext. _____ School e-mail: _____
 Teacher Preparation College/University: _____ Credential Type: _____
 Circle appropriate Credential held: Preliminary Clear Multiple, Single, Ed, Spec., Etc.

TEACHER PREPARATION (Check all that applies or indicate N/A)

I have previously participated in a teacher induction program.
 Name of Induction Program: _____ Number of years: _____
 I have completed a teacher preparation program, including student teaching.
 I am currently enrolled in a teacher preparation program.
 Name of University: _____ Expected completion (month/year): _____
 Type of Credential anticipated: _____

You are not eligible to participate in the CCCOE Teacher Induction Program if you are enrolled in an intern program. Please indicate if you are enrolled in one of the following:

District Intern Program: _____
 University Intern Program / Name of University: _____

TEACHING EXPERIENCE

| | Years in California | Years out of state | Total Years |
|--|---------------------|--------------------|-------------|
| Years of <i>credentialed</i> teaching experience | | | |
| Years of private school teaching experience | | | |

I _____ verify that the above information is correct Date: _____

Teacher Signature

Reviewed by: _____ Date: _____

District Human Resources Personnel Signature



TEACHER INDUCTION

Participating Teacher Letter of Commitment 2017-2018

To: All Newly Hired Teachers Eligible to Participate in a Teacher Induction Program

From: District HR/Credential Analyst
District Teacher Induction Coordinator
Teacher Induction Consortium Coordinator

Subject: Notice of Eligibility for the Teacher Induction Program

This is to inform you of your eligibility to participate in the CCCOE Teacher Induction Program. You qualify if you have a Multiple or Single Subject Preliminary Credential, or a Preliminary/Level 1 Education Specialist Instruction Credential with an issue date prior to October 1, 2017, and are in your first two years of teaching on that credential. According to the State of California Senate Bill 2042, all teachers holding an SB 2042 preliminary credential are responsible for completing the requirements for a Clear Credential in a state-approved Induction Program (see CCTC website for more information). Your district/school is a partner in the Contra Costa County Office of Education Teacher Induction Program and will sponsor participating teachers in their first two years of teaching with a currently issued preliminary credential.

CCCOE Induction Program provides you with multiple opportunities to build on the knowledge and skills you have obtained in your teacher preparation program. You will also be able to reflect on and improve your teaching practice with the support of an experienced teacher.

At the district CCCOE Teacher Induction Orientation, the requirements for completing the CCCOE Teacher Induction Program will be explained. Your district's Teacher Induction coordinator or liaison will be contacting you with the time and date of this event. The necessary requirements for a Clear Credential will also be explained at that time.

Please initial next to the appropriate statement(s).

I have received notice of my eligibility to participate in the CCCOE Teacher Induction Program and plan on participating.

Initial _____

OR

I have received notice of my eligibility to participate in the CCCOE Teacher Induction Program and **DO NOT plan on participating.**

Initial _____

I understand there may be a cost to me if I do not complete the program's requirements.

Please Initial

Please Print Name

District

Signature

Date