



Santa Ana Unified School District

Teacher Induction Credentialing Program



Support Provider

Name: _____

School Site: _____

Subject/Grade: _____

E-Mail: _____

Submit all forms:

- Contact Information
- Application
- Memorandum of Understanding
- Roles and Responsibilities
- Terms and Conditions



Thank you!

1601 East Chestnut Avenue, Santa Ana, CA 92701-6322 (714) 558-5501

Board of Education

John Palacio, President • Cecilia "Ceci" Iglesias, Vice President
Valerie Amezcua, Clerk • José A. Hernández, J.D., Member • Rob Richardson, Member



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SUPPORT PROVIDER

CONTACT INFORMATION

Name:	School:
Subject:	Grade:
District Email:	Personal Email:
Home Address:	City & Zip:
Home Phone #:	Cell Phone #:
Emergency Contact:	Emergency Contact Phone #:

It is the responsibility of the Support Provider to contact the SAUSD Teacher Induction office regarding any changes in contact information.

Assigned Participating Teacher(s): _____

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SUPPORT PROVIDER APPLICATION

NAME: _____

SCHOOL/GRADE/SUBJECT: _____

EMAIL: _____ TELEPHONE: _____

HOME ADDRESS: _____

SUPPORT EXPERIENCE (How many years have you been an SP in the last 6 years?) _____

I. TEACHING EXPERIENCE (List current position first)

DATES	DISTRICT	SCHOOL	GRADE	SUBJECT

II. CREDENTIALS HELD

III. ATTACH A CURRENT RESUME

IV. PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:

- Hold a Professional Clear, Clear or Lifetime Credential with CLAD or BCLAD Certification.
- Hold a Masters Degree or National Board Certification (preferred, but not required).
- Have a minimum of five years of successful teaching experience.
- Possess the ability to generate trust and confidence in working with colleagues.
- Agree to make a commitment of two years (renewal is subject to successful service and need).
- A commitment to professional development and student achievement.
- Agree to support the goals and objectives of the SAUSD Teacher Induction Program.

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V. PLEASE RESPOND

What qualities do you possess that would make you a successful Support Provider?

In your current role, how do you apply the California Standards for the Teaching Profession?

Would you consider yourself a reflective practitioner? Explain.

Thank you for taking the time to complete this application. Due to the unpredictable nature of hiring, we are not able to guarantee that you will be matched with a beginning teacher. Please feel free to contact the Teacher Induction Program office to follow-up.

Print Name: _____

Signature: _____

Date: _____

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RECOMMENDATION FORM

- 1) Please provide your principal with this form. For retirees or consultants: your most recent supervisor.
- 2) The principal mails the completed form to the Teacher Induction Program.

We value your input. If you have any questions regarding the SAUSD Teacher Induction Program, please contact Marisol Rexach at Marisol.Rexach@sausd.us or 714-558-5765.

You may send this document via email to Roselia.Rodriguez@sausd.us

SUPERVISOR’S STATEMENT

I recommend this teacher because s/he has the knowledge and skills to be an excellent Support Provider who will work collaboratively with his/her Participating Teacher and the Teacher Induction Leadership Team.

Applicant’s Name: _____

Supervisor’s Name: _____
(Please print)

School Site: _____

Signature: _____

Date: _____

Feel free to provide additional comments:

Board of Education



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Support Provider Memorandum of Understanding (MOU)

I agree to participate in the Teacher Induction Credentialing Program as a support provider assigned to assist beginning teachers. I understand that completion of Teacher Induction will allow teachers to obtain their professional teaching credential, and my role is to increase their effectiveness in the classroom through coaching using the Formative Assessment for California Teachers (FACT).

As a Teacher Induction support provider I agree to:

1. Guide the new teacher’s satisfactory completion of the Clear Credential requirements.
2. Attend all training pertaining to beginning teacher support and the formative assessment (FACT) program (A calendar is provided).
3. Complete the formative assessment (FACT) assignments with each beginning teacher assigned to me as outlined in the formative assessment training.
4. Submit meeting logs to Teacher Induction program staff. **PT meetings must consist of 4 hours of face-to-face time per month.**
5. Provide appropriate assistance in the classrooms of my assigned Teacher Induction beginning teachers and actively support the goals of the Individual Induction Plan (IIP).
6. Maintain positive communication and rapport with the beginning teacher(s) assigned to me.
7. Maintain confidentiality and discretion about beginning teacher(s).
8. Collaborate and communicate with Teacher Induction staff and site administrators about program implementation issues.
9. Allow the beginning teachers assigned to me to visit my classroom and/or accompany me on visits to classrooms of other experienced teachers.

Name (Please Print)

School

Signature

Date

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Support Provider Roles and Responsibilities

As a Support Provider for a new teacher enrolled in the SAUSD Teacher Induction Credentialing Program you will provide individualized coaching support and formative assessment guidance for beginning teachers.

To this end you will:

- Develop trusting and supportive relationship with the beginning teacher which is characterized by collaboration, reflection, and confidentiality.
- Offer weekly support for the beginning teacher by providing guidance, assistance, and information which builds upon pre-service education and leads to effective professional practice.
- Work with the teacher(s) to develop an Individual Induction Plan (IIP), based on the California Standards for the Teaching Profession and Induction Standards in order to guide beginning teacher’s selection of professional development that relates to the IIP.
- Participate in FACT training, Teacher Induction orientation, colloquium and other professional development workshops and activities for support providers.
- Assist the beginning teacher in maintaining evidence of teacher and student growth by completing the formative assessment/FACT system.
- Participate in support and training activities for beginning teachers.
- Participate in the program evaluation process.
- Maintain monthly support logs and provide mid-year and end-of-year reports outlining hours of ongoing support (average of 4 hours per month).
- Promote SAUSD Teacher Induction Program goals to assigned beginning teachers.
- Maintain communication with the SAUSD Teacher Induction Office.

SAUSD agrees to the following:

- Compensate Support Provider \$2,100 per year for one beginning teacher and \$1,500 for supporting any additional beginning teachers. (Stipend will be pro-rated if commitment is not met, as outlined on *Terms and Conditions* document.)
- Provide monthly formative assessment/FACT training and professional development workshops.
- Provide online access to support provider logs and program materials.
- Provide a calendar of events and FACT due dates for program participants.

I have read, understand and support the above document.

Name (Please Print)

School

Signature

Date

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Statement of Support Provider Stipend Terms & Conditions

Stipend Payment Structure

Please be advised that your **stipend will be pro-rated if Roles and Responsibilities are not met.** The deductions will be calculated as follows:

<i>Rate</i>	<i>Category</i>
\$100.00	per missed meeting (must attend 8 meetings to avoid deductions)
\$50.00	per missed hour spent with participating teacher as reported on monthly logs (must submit SP Logs with a minimum of 30 hours per PT)

Rates will be adjusted on your end-of-year stipend to reflect calculated deductions at the rates outlined above. Unless otherwise stated, the final stipend will reflect the fixed amount of \$2,100.00 for your first Participating Teacher and \$1,500.00 for each additional Participating Teacher. You will receive half your stipend in May and the remaining balance will be paid in your June paycheck. The Support Provider must log hours of support using InductionSupport.com. Each Support Provider will provide the Teacher Induction Office with mid-year and end-of-year reports in order to ensure the timely processing of pay warrants.

Please signify your acknowledgement of this agreement by completing this document below and returning the yellow copy to the Teacher Induction office for our records.

Name (Please Print): _____ School: _____

Signature: _____ Date: _____

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