



## Participating Teacher

Name: \_\_\_\_\_

School Site: \_\_\_\_\_

Subject/Grade: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Program Year:     Year 1             Year 2

### ***Submit all forms:***

- Contact Information
- Credentialing Advisement
- Memorandum of Understanding
- Notice of Employment



# Thank you!

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#### **Board of Education**



# Santa Ana Unified School District

TIPS | Teacher Induction and Professional Support



## PARTICIPATING TEACHER

### *CONTACT INFORMATION*

<b>Name:</b>	<b>School:</b>
<b>Subject:</b>	<b>Grade:</b>
<b>Credential Issuance Date:</b>	<b>Credential Expiration Date:</b>
<b>District Email:</b>	<b>Personal Email:</b>
<b>Home Address:</b>	<b>City &amp; Zip:</b>
<b>Home Phone #:</b>	<b>Cell Phone #:</b>
<b>Emergency Contact:</b>	<b>Emergency Contact Phone #:</b>

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

**Support Provider Name:** \_\_\_\_\_

I do not yet know the Support Provider assigned to me.

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## Credentialing Advisement

2015-2016

I verify that I have been advised about California Clear Credential requirements and the expectation that I participate in an Induction Credentialing Program to obtain a California Clear Credential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ School/Subject/Grade: \_\_\_\_\_

### Part 1: Check all that apply.

I am required to participate in an Induction Program because I graduated from an SB2042 teacher preparation program.

I am required to participate in an Induction Program because I possess or have applied for a California Preliminary Multiple or Single Subject Teaching Credential based on an out-of-state license with less than 5 years of prior experience.

I am in my 1<sup>st</sup> or 2<sup>nd</sup> year of teaching on a Preliminary Credential. Year credential was issued: \_\_\_\_\_

I am in my 3<sup>rd</sup> year (or more) of teaching on a Preliminary Credential. Year credential was issued: \_\_\_\_\_

### Part 2: Check your choice, sign and date.

***Teacher Induction Program Decision***

I agree to participate in the SAUSD Teacher Induction Program. I understand that I am expected to complete my Induction Credentialing Program within two years from today's date. I understand that funding for the Teacher Induction Credentialing Program is \$1,500.00 per year.

I decline to participate in the SAUSD Teacher Induction Credentialing Program for the following reason (you must include alternate plan for induction):

\_\_\_\_\_

**My signature below indicates that I have been informed and understand the expectation to obtain a California Clear Teaching Credential before the expiration of my Preliminary Credential.**

\_\_\_\_\_

Signature \_\_\_\_\_ Date

### Part 3

My signature below indicates that I have been advised of my eligibility, SAUSD's expectations and my obligation to enroll and participate in an approved Teacher Induction Program.

I understand that there will be credentialing and/or employment consequences, as noted on the SAUSD Notice of Employment, if I do not obtain a CA Clear Credential.

\_\_\_\_\_

Signature \_\_\_\_\_ Date

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

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### Memorandum of Understanding for Participating Teacher

The purpose of the Santa Ana Unified School District Teacher Induction Credentialing Program is to provide assistance and support to first and second year participating teachers as they complete state requirements to earn a California CLEAR CREDENTIAL. Primary goals include: continuous classroom improvement, enhanced professional development, dialogue to engage in critical inquiry and increase student achievement through teacher use of the inquiry cycle.

#### **Part I - Benefits of Participation:**

- Improve professional practice by establishing an Individual Induction Plan (IIP).
- Support Provider mentoring and assistance.
- Release time for classroom observations and/or lesson demonstrations.
- Professional development opportunities.
- Focus on the California Standards for the Teaching Profession and Induction Standards.
- Focus on the California Student Contents Standards.
- Implementation of pre-service theory.

#### **Part II - Participation Responsibilities:**

- Communicate support needs to the SAUSD Teacher Induction Credentialing Program Staff.
- Collaborate regularly (minimum of 1 time per week) with assigned Support Provider.
- Adhere to program requirements as outlined on SAUSD Teacher Induction calendar.
- Complete Formative Assessment for California Teachers (FACT) within 2 year cycle.
- Attend and record professional development activities related to the goals outlined on the Individual Induction Plan (IIP).
- Use of email, program calendars, Canvas, and other resources to access program materials and complete support logs, feedback forms, class registration, etc.

In addition to these benefits and responsibilities, formative assessment materials and documents will be kept by the beginning teacher and utilized in the collaborative relationship between support provider and beginning teacher. **Verification of FACT completion will be required. Participating Teacher must establish an Individual Induction Plan (IIP), which includes an ongoing Action Plan,** with evidence of attendance at professional development activities which address the growth goal set by the beginning teacher with the help of the assigned Support Provider.

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Content: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Notice of Employment WARNING REGARDING CREDENTIAL

- ▶ I understand that it is my responsibility to obtain and register with Orange County Department of Education and SAUSD any credential required to cover my services before I can be paid for services rendered.
- ▶ I understand that it is **not** SAUSD’s responsibility, but my responsibility to do all that is necessary to obtain or renew my credential and that I will take all steps necessary to do so.
- ▶ I understand that it is my responsibility to obtain and maintain a Professional Clear Credential and that I will take all necessary steps to do so.

### Induction

- ▶ I understand that if my Preliminary Credential was issued under SB2042 regulations, it is my responsibility to enroll an Induction Credentialing Program.
- ▶ I understand in order to participate in SAUSD Teacher Induction Credentialing Program for this current school year, I must enroll with SAUSD Teacher Induction Credentialing Office **BEFORE November 1.**

### SAUSD Teacher Induction & Professional Support

Phone: (714) 558-5676

[Roselia.Rodriguez@sausd.us](mailto:Roselia.Rodriguez@sausd.us)

- ▶ I understand the cost or participation for SAUSD Teacher Induction Credentialing Program is my responsibility. **Upon entry to the SAUSD Teacher Induction Credentialing Program I agree to pay \$1,500.00 per program year.**

I hereby accept the above offer of employment. I certify that I have not entered into a valid contract of employment with a school district governing board or County Superintendent of Schools that will in any way conflict with my employment pursuant to this offer.

Name (Please Print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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