



**SAN LUIS OBISPO COUNTY  
OFFICE OF EDUCATION**  
LEADERSHIP ■ COMMUNITY ■ SERVICE  
JAMES J. BRESCIA, ED. D., SUPERINTENDENT

**Classified School Employee Teacher Credentialing Program**

The San Luis Obispo County Office of Education invites you to apply to the Classified School Employee Teacher Credentialing Program for the **2017-2018** academic year. Eligibility requirements for application to this program are listed below.

1. Employed as a classified school employee in a local school district
2. Completion of at least 48 college level semester units
3. Plan to obtain a Multiple Subject, Single Subject, or Special Education (Mild/Moderate or Moderate/Severe) teaching credential
4. Passed CBEST Exam
5. Apply and enroll in a University/Credential Program
6. Pass a criminal background check
7. Commit to completing one year of classroom instruction in the school district or county office of education for each year with financial assistance received

Attached you will find program information and required documents for application to the program. You must do **ALL** of the following to be considered:

**Read and complete the entire packet, submit the following:**

- ☐ **Complete, sign and date** the Classified School Employee Teacher Credentialing Program Participant Application
- ☐ **Complete** the Program Consent Form
- ☐ **Initial, sign and date** the Participant Commitment and Agreement
- ☐ **Provide** names of two professional references
- ☐ **Complete** Statement of Purpose (Why do you want to become a teacher?)
- ☐ **Provide Copies** of exam results CBEST, CSET, RICA. If you have not taken/ passed the exams, please include expected dates of exams. \_\_\_\_\_

***\*Note:** prior to funds being disbursed, selected applicants must be formally accepted to an approved program of study and pass a criminal background check.*

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**Return the completed packet to:**

**San Luis Obispo County Office of Education  
Attention: DJ Pittenger, Student Programs and Services  
3350 Education Drive  
San Luis Obispo, CA 93405  
(805) 593-3185**

**PLEASE NOTE:**

**Application Deadline: 2/15/2017**

**If your packet is incomplete, it will not be accepted and be returned.**



**San Luis Obispo County Office of Education**  
**CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING PROGRAM**  
**PARTICIPANT APPLICATION 2017-2018**

**PART I: CONTACT INFORMATION**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
SS # \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employing District \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_  
Date Started \_\_\_\_\_ Job Title/Position \_\_\_\_\_  
Services: ☐ Bilingual ☐ Special Education ☐ Other \_\_\_\_\_

**COLLEGE/UNIVERSITY STATUS**

Name of College or University currently/planning on attending \_\_\_\_\_  
Pre-teaching major \_\_\_\_\_ # of units you are taking this semester \_\_\_\_\_  
AA/AS: Date \_\_\_\_\_ BS/BA: Date \_\_\_\_\_ Estimated Date of Graduation for BS/BA \_\_\_\_\_

Have you applied to a Credential Program?

- ☐ Yes, currently enrolled at: \_\_\_\_\_ Start Date: \_\_\_\_\_  
☐ No, planning to enroll at: \_\_\_\_\_ Tentative Start Date: \_\_\_\_\_

I wish to hold the following credential:

- ☐ Education Specialist (indicate emphasis): \_\_\_\_\_  
☐ Single Subject (indicate subject): \_\_\_\_\_  
☐ Multiple Subjects

Name of school/district where I would like/ request to student teach: \_\_\_\_\_

I have passed the following exams:

- ☐ CBEST: Math, Writing, Reading ☐ RICA ☐ CSET- Indicate name of exam(s) \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Names/contact information for **two** professional references:

1. **Reference Name:** \_\_\_\_\_  
**Position/Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_
2. **Reference Name:** \_\_\_\_\_  
**Position/Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct.

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



**San Luis Obispo County Office of Education**  
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**PARTICIPANT APPLICATION 2017-2018**

**PART II: CONSENT FORM**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

The California School Employee Teacher Credentialing Program is a state-funded program of support for prospective public school teachers. Participation in the program is restricted to those employees identified in Education Code Section 44393(d) who are currently employed in a school district or county office of education that has been awarded a Classified School Employee Teacher Credentialing grant. It is not an individual scholarship program. By completing this form you will join our local program.

The Commission on Teacher Credentialing (CTC) requires programs to collect information on prospective public school teachers as we work to address the teacher shortage. The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. **Information gathered on this consent form will be used to determine funding for the Classified School Employee Teacher Credentialing Program.**

I agree to participate in the Classified School Employee Teacher Credentialing Program during the 2017-2018 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**What is your gender?** ☐ Male ☐ Female

**What is your ethnicity?**

☐ African American or Black

☐ Asian American/Asian/Indian (e.g. Chinese)

☐ Armenian

☐ Caucasian (non-Hispanic)

☐ Latino, Latin American, Puerto Rican, Mexican American,

☐ Chicano or other Hispanic

☐ SE Asian American/SE Asian (e.g., Cambodian, Hmong)

☐ Pacific Islander, Filipino

☐ Middle Eastern

☐ Native American/Alaskan Native

☐ Other \_\_\_\_\_

**Are you fluent in a language other than English?**

☐ Yes. If so, please indicate language(s): \_\_\_\_\_

☐ No

**What is your total household income?**

☐ Under \$10,000

☐ \$10,000-20,000

☐ \$20,001-30,000

☐ \$30,001-40,000

☐ \$40,001-50,000

☐ Over \$50,000

**Are you the head of the household?**

☐ Yes

☐ No

**What is the total number of members in your household?** \_\_\_\_\_

**Do you pay for your own medical insurance?**

☐ Yes

☐ No

☐ N/A: do not have medical insurance



**San Luis Obispo County Office of Education  
CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING PROGRAM  
PARTICIPANT APPLICATION 2017-2018**

**PART II: CONSENT FORM (continued)**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Are you the first member of your family to attend college?**

☐ Yes      ☐ No

**Does your credential goal include Bilingual Certification?**

☐ Yes      ☐ No

**Choose the response that best describes your CBEST experience:**

- ☐ Passed Reading
- ☐ Passed Math
- ☐ Passed Writing
- ☐ Took CBEST, but did not pass any sections
- ☐ Have not taken CBEST



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**VERIFICATION OF EMPLOYMENT**

**To be completed by employing district by February 15, 2017**

We certify that as of \_\_\_\_\_ (today's date) the above participant is currently employed and in good standing as a classified school employee in the \_\_\_\_\_ School District.

District Office HR/Personnel: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**PART III: STATEMENT OF PURPOSE**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Discuss why you would like to be a teacher and describe your experience(s) with children and youth.**

Your statement should be typed, contain a minimum of two paragraphs, and be no longer than one page.

In your response, use professional language, proper grammar, and correct spelling.



**San Luis Obispo County Office of Education  
CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING PROGRAM  
PARTICIPANT APPLICATION 2017-2018**

Submit completed Application Packet by **February 15, 2017** to:  
San Luis Obispo County Office of Education  
Attention: DJ Pittenger, Student Programs and Services  
3350 Education Drive  
San Luis Obispo, CA 93405  
(805) 593-3185

Make sure you are including all of the following with your application.

1. Participant Application Packet (including Verification of Employment and Statement of Purpose)
2. Exam Registrations/Scores (CBEST, CSET, RICA)
3. Participant Commitment and Agreement

#### QUESTIONS?

For questions or information about the application or program questions, contact (805) 593-3185.

***\*Prior to funds being disbursed, selected applicants must be formally accepted to an approved program of study and pass a criminal background check (certificate of clearance).***



**CLASSIFIED SCHOOL EMPLOYEE  
TEACHER CREDENTIALING PROGRAM**

**PARTICIPANT COMMITMENT AND AGREEMENT 2017-2018**

This Agreement is entered into between the \_\_\_\_\_ School District (\_\_\_\_), County Office of Education (\_\_\_\_), Charter School (\_\_\_\_) (herein after referred to as “the LEA”), and \_\_\_\_\_ (employee name), for the purpose of clearly defining both the LEA’s and the participant’s responsibilities in relation to his/her voluntary participation in the LEA’s Classified School Employee Teacher Credentialing Program.

The participant agrees to act in good faith in all aspects of this Agreement and agrees to do all of the following:

- (A) Graduate from an institution of higher education under the program with a bachelor’s degree.
- (B) Complete all of the requirements for, and obtain, a multiple subject, single subject, or education specialist teaching credential.
- (C) Complete one school year of classroom instruction in the school district or county office of education for each year of assistance received for books, fees, and tuition while attending an institution of higher education under the program.
- (D) Comply with the rules and requirements of the LEA’s program established by the participant’s employer.

*Certification of Acceptance of Terms of the Agreement*

I have read the Participant Commitment and Agreement for participation in the California Classified School Employee Teacher Credentialing Program and agree to comply with all terms included in the agreement.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date