



### **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 60 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. \_\_\_\_\_
- Provide Copies of unofficial transcripts from college and universities attended

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

---

**Return the completed packet to:  
San Luis Obispo County Office of Education  
Attention: Brenda Heaney, Student Programs and Services  
3350 Education Drive  
San Luis Obispo, CA 93405  
(805)593-3185  
bheaney@slocoe.org**



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

**PART I: APPLICANT INFORMATION**

**CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: Personal: \_\_\_\_\_ Work: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 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: _____	2 Reference Name: _____
Position/Title: _____	Position/Title: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**TEACHER OF RECORD**

I am now the teacher of record at: \_\_\_\_\_

Date I started, or will begin teaching: Grade Level/Subject area: \_\_\_\_\_

If yes, what certification do you currently hold?

- University Intern Credential
- STSP (Short Term Staff Permit)
- District Intern Certificate
- PIP (Provisional Internship Permit)

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

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



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

**PART II: CONSENT FORM**

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?**

- |                                                                                 |                                                                              |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> African American or Black                              | <input type="checkbox"/> SE Asian American/SE Asian (e.g., Cambodian, Hmong) |
| <input type="checkbox"/> Asian American/Asian/Indian (e.g. Chinese)             | <input type="checkbox"/> Pacific Islander, Filipino                          |
| <input type="checkbox"/> Armenian                                               | <input type="checkbox"/> Middle Eastern                                      |
| <input type="checkbox"/> Caucasian (non-Hispanic)                               | <input type="checkbox"/> Native American/Alaskan Native                      |
| <input type="checkbox"/> Latino, Latin American, Puerto Rican, Mexican American | <input type="checkbox"/> Other: _____                                        |
| <input type="checkbox"/> Chicano or other Hispanic                              |                                                                              |

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

Yes. If so, please indicate language(s): \_\_\_\_\_  No

**What is your total household income?**

- |                                          |                                          |                                          |
|------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Under \$10,000  | <input type="checkbox"/> \$10,000-20,000 | <input type="checkbox"/> \$20,001-30,000 |
| <input type="checkbox"/> \$30,001-40,000 | <input type="checkbox"/> \$40,001-50,000 | <input type="checkbox"/> 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

**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:**

- |                                         |                                                                    |
|-----------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Passed Reading | <input type="checkbox"/> Took CBEST, but did not pass any sections |
| <input type="checkbox"/> Passed Math    | <input type="checkbox"/> Have not taken CBEST                      |
| <input type="checkbox"/> Passed Writing |                                                                    |



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

**PART III: VERIFICATION OF EMPLOYMENT**

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

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: \_\_\_\_\_



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

PART IV: STATEMENT OF PURPOSE

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 to:  
San Luis Obispo County Office of Education  
Attention: Brenda Heaney, Student Programs and Services  
3350 Education Drive  
San Luis Obispo, CA 93405  
(805) 593-3185  
Email: [bheaney@slocoe.org](mailto:bheaney@slocoe.org)

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. Copies of unofficial transcript(s)
4. 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).**



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

**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 \_\_\_\_\_