The San Luis Obispo County Office of Education invites you to apply to the Classified School Employee Teacher Credentialing Program for the 2019-2020 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: Karen Woodruff, Human Resources
3350 Education Drive
San Luis Obispo, CA 93405
(805)782-7235
kwoodruff@slocoe.org
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:
<table>
<thead>
<tr>
<th>1</th>
<th>Reference Name: ___________________________</th>
<th>2</th>
<th>Reference Name: ___________________________</th>
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</tbody>
</table>

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: ___________________________
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 2019-2020 school year.

Signature: ___________________________ Date: ___________________________

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

**What is your ethnicity?**

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

☐ Asian American/Asian/Indian (e.g. Chinese) ☐ Pacific Islander, Filipino

☐ Armenian ☐ Middle Eastern

☐ Caucasian (non-Hispanic) ☐ Native American/Alaskan Native

☐ Latino, Latin American, Puerto Rican, Mexican American ☐ Other: ___________________________

☐ 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?**

☐ 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

**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 ☐ Took CBEST, but did not pass any sections

☐ Passed Math ☐ Have not taken CBEST

☐ Passed Writing
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: ___________________________
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.
Submit completed Application Packet to:
San Luis Obispo County Office of Education
Attention: Karen Woodruff, Human Resources
3350 Education Drive
San Luis Obispo, CA 93405
(805) 782-7235
Email: kwoodruff@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 Karen at (805) 782-7235

*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).
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 ____________