



Teacher Induction Program Early Completion Option

All Teacher Induction Programs in California approved by the Commission on Teacher Credentialing are required to offer an option for accelerated induction completion for experienced teachers who have demonstrated exceptional teaching practices. Districts may recommend candidates for this option to the San Luis Obispo County Teacher Induction Program if they meet all of the requirements of the Teacher Induction Program as well as the additional requirements for the accelerated program.

If approved for the Early Completion Option, participating teachers are expected to demonstrate proficiency and the highest level of professionalism when completing all required elements of the Early Completion Option. Any candidate that fails to do so will be restored to the original induction program to meet all regular requirements and follow the regular timeline.

For Fall Enrollees- The deadline for submissions are as follows:

Step 1: October 15th Step 2: January 16th Step 3: May 15th

For Spring Enrollees- The deadlines for submissions are as follows:

Step 1: February 15th Step 2: May 15th Step 3: January 16th

Eligibility

The Participating Teacher must hold a California Preliminary Credential and meet the following criteria:

- Private school or public school teachers with two or more years of teaching experience who have received rigorous, positive evaluations from site administrators
- Out of State teachers with two or more years of teaching experience who have received rigorous, positive evaluations from site administrators
- Intern teachers with two years of participation in an intern program who have received positive evaluations from their university advisor, site administrator, and master teacher
- The participating teacher's preliminary credential is clear of all outstanding requirements and does not necessitate any additional assessments.

Step 1, Part 1 Early Completion Option Recommendation Form

To be completed by the Participating Teacher's current Site Administrator and TIP Mentor. Return to the San Luis Obispo County Office of Education, along with the Early Completion Option Consideration Form, no later than October 15th if you entered TIP the Fall, or February 15th if you entered the program in Spring.

| Participating Teacher | |
|---|--------------------------------|
| I hereby certify that the Participating Teacher named herein | |
| Demonstrates teaching strategies that motivate all stude | ents to engage in the learning |
| Demonstrates the ability to establish and maintain high s behavior | tandards for student |
| Demonstrates deep knowledge of the subject taught and instructional strategies that promote student understanding | d the use of appropriate |
| Demonstrates an ability to evaluate and assess student a | achievement |
| Demonstrates an ability to communicate effectively by p instructions clearly and meaningfully to all students | resenting ideas and |
| Demonstrates pursuit of opportunities to grow profession | nally |
| Site Administrator acknowledges that if this Participating Teaches satisfactorily completes the Early Completion Option, they will support, and will be recommended for their Clear Teaching Creyear. | only receive one year of TIP |
| Current Site Administrator | |
| Signature | Date |
| Current TIP Mentor | |
| Signature | Date |

Step 1, Part 2 TIP Early Completion Option Consideration Application

| Participating Teacher Name: | | | |
|---|--|--|--|
| I have attached the following documentation to verify my qu Luis Obispo County Teacher Induction Program in less than t | • | | |
| A personal statement outlining my interest in the Earl relevant teaching experience. | y Completion Option and my | | |
| Verification of two prior years of teaching experience as the teacher of record within your credential authorization | | | |
| Evidence of professional development completed witopics covered in CSTP 5 (Pedagogy) and 6 (Universa Special Education topics, if appropriate | - | | |
| Two recent site administrator evaluations using the di | strict or school evaluation tool | | |
| Recommendation Form completed and signed by yo TIP mentor | ur current site administrator and | | |
| I understand the TIP Program Director will review these mate for the Early Completion Option. | erials to determine my eligibility | | |
| Participating Teacher Signature | - Date | | |
| For Office Use Only | | | |
| This participant is eligible for the TIP Early Completion | n Option. | | |
| This participant is not eligible for the TIP Early Comple | etion Option due to: | | |
| | | | |
| SLOCOF Teacher Induction Program Director | - <u>— — — — — — — — — — — — — — — — — — —</u> | | |

Step 2 TIP Early Completion Mid-Year Review

| To be completed by the Participating Teacher's current site a | administrator and TIP mentor. |
|--|-----------------------------------|
| Participating Teacher | |
| I hereby certify that the Participating Teacher named herein | |
| Continues to demonstrate teaching strategies that mo | otivate all students to engage in |
| Continues to demonstrate the ability to establish and student behavior | maintain high standards for |
| Continues to demonstrate deep knowledge of the subappropriate instructional strategies that promote student und | - |
| Continues to demonstrate an ability to evaluate and a | ssess student achievement |
| Continues to demonstrate an ability to communicate eand instructions clearly and meaningfully to all students | effectively by presenting ideas |
| Continues to demonstrate pursuit of opportunities to | grow professionally |
| The Site Administrator acknowledges that if this Participating satisfactorily completes the Early Completion Option, they w support, and will be recommended for their Clear Teaching (year. | vill only receive one year of TIP |
| Current Site Administrator | |
| Signature | - Date |
| Current TIP Mentor | |
| Signature | Date |

Step 3

TIP Early Completion Final Review

| To be completed by the Participating Teacher's current site adminis | trator and TIP mentor. |
|--|---------------------------|
| Participating Teacher | |
| I hereby certify that throughout the school year, the Participating Te | acher named herein |
| Consistently demonstrated teaching strategies that motivate the learning | all students to engage ir |
| Consistently demonstrated the ability to establish and mainta student behavior | ain high standards for |
| Consistently demonstrated deep knowledge of the subject to appropriate instructional strategies that promote student understan | • |
| Consistently demonstrated an ability to evaluate and assess | student achievement |
| Consistently demonstrated an ability to communicate effective and instructions clearly and meaningfully to all students | vely by presenting ideas |
| Consistently demonstrated pursuit of opportunities to grow p | professionally |
| The Site Administrator acknowledges that if this Participating Teach satisfactorily completes the Early Completion Option, they will only support, and will be recommended for their Clear Teaching Creden year. | receive one year of TIP |
| Current Site Administrator | |
| Signature | Date |
| Current TIP Mentor | |
| Signature | Date |