



**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 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



**San Luis Obispo County Office of Education
CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING
PROGRAM PARTICIPANT APPLICATION 2019-2020**

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: _____



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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?

- | | |
|---|--|
| <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 | |



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PROGRAM PARTICIPANT APPLICATION 2019-2020**

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: _____



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PROGRAM PARTICIPANT APPLICATION 2019-2020

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 2019-2020

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).**



San Luis Obispo County Office of Education
**CLASSIFIED SCHOOL EMPLOYEE TEACHER CREDENTIALING
PROGRAM PARTICIPANT APPLICATION 2018-2019**

**CLASSIFIED SCHOOL EMPLOYEE
TEACHER CREDENTIALING PROGRAM**

PARTICIPANT COMMITMENT AND AGREEMENT 2019-2020

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 _____