

CCCOE/SMC BTSA Induction Program

Early Completion Option Application (To Be Completed by September 30th of PTs First Year in BTSA Induction)

Name: _____ School: _____
District: _____ Grade/Subject: _____
Mentor: _____
Out of State Teacher: _____ Private School Teacher: _____ Other: _____

Prior K-12 Teaching Experience

School Name: _____
Address: _____
Yrs. Employed: _____ Grade Level / Subject: _____

Evaluator's Name and Phone #: _____ (_____) _____

Evaluator's Name and Phone #: _____ (_____) _____

School Name: _____
Address: _____
Yrs. Employed: _____ Grade Level / Subject: _____

Evaluator's Name and Phone #: _____ (_____) _____

Evaluator's Name and Phone #: _____ (_____) _____

I have attached a packet with the following information to verify my qualifications to complete the CCCOE/SMC BTSA Induction Program in 12-18 months instead of two years:

- ECO Application
- Performance Evaluations (see ECO document)
- Letters of Recommendation (see ECO document)

I understand that the CCCOE/SMC Induction BTSA Director will review my application and document packet to determine if I qualify for the early completion option.

Participant Signature: _____ **Date:** _____

District BTSA Coordinator Signature: _____ **Date:** _____

Office Use Only:

- This participant has been approved to participate in the early completion induction program option.
- This participant has not been approved to participate in the early completion induction program option due to the following reason(s):

CCCOE/SMC BTSA Induction Program Coordinator: _____ **Date:** _____