

Participating Teacher Agreement

CCCOE/SMC BTSA Induction Program - 2010-2011

First Name	Middle Name	Last Name	Name on Credential if different
Address: _____			
Street	City	Zip	
Home Phone: _____		Home e-mail: _____	
School: _____	District: _____	School e-mail: _____	
Years of teaching experience: _____		Mentor's Name: _____	
California	Out-of-state	First name	Last Name
By completing and signing this application I am enrolling in the CCCOE/SMC BTSA Induction Program as of _____			
<i>Today's Date</i>			

Induction Candidates

I have been advised that it is my responsibility to enroll in a Professional Teaching Credential Induction Program within 120 calendar days of the start of my initial teaching contract. _____ *(Please Initial)*

Professional Credential Candidate Requirements (Please read the following carefully)

- For each year of participation in the BTSA Induction Program, I agree to attend and fully participate in the program requirements as described in the program handbook.
- For each year of participation in the BTSA Induction Program, I agree to attend and fully participate in weekly contact with my BTSA Induction mentor; completion of the formative assessment materials in collaboration with my mentor; and participation in formal classroom observations by my BTSA Induction mentor.
- I understand that should questions arise about the pairing of mentor, and myself, it is my responsibility to contact the BTSA Induction Coordinator in my district for consideration of reassignment.
- Advisement with the BTSA Induction Program Coordinator may be required when deemed appropriate by BTSA Induction Program Staff.

Professional Credential Candidate Acknowledgements *(Please read the following carefully and initial after each statement)*

- I acknowledge that I may complete the BTSA Induction Program in less than two years if I meet the requirements of the Early Completion Option (ECO). _____ *(Please Initial)*
- I acknowledge that failure to fulfill any of the above BTSA Induction Program requirements and/or responsibilities could result in my not receiving a recommendation for the Professional Teaching Credential. _____ *(Please Initial)*
- I acknowledge that the BTSA Induction Program requirements and responsibilities leading to completion of the California Professional Teaching Credential does not imply or ensure continued employment in my district of employment, as licensure requirement and employment criteria may differ. _____ *(Please Initial)*
- I acknowledge that information submitted for evidence of completion of the California Professional Teaching Credential is confidential and may not be used for employment evaluation purposes. _____ *(Please Initial)*
- I acknowledge that it is my responsibility to make timely progress toward completing the CCCOE/SMC BTSA Induction Program within the two-year guidelines or I may incur an additional cost. _____ *(Please Initial)*

Candidate Signature: _____	Date: _____
Authorized District Signature: _____	Date: _____
Induction Program Coordinator Signature: _____	Date: _____