



### Notice of Eligibility for Induction

Please contact Rachel Miller ([rmiller@fcoe.org](mailto:rmiller@fcoe.org)) regarding enrollment information. Thank you!

### Participating Teacher Information

Induction Eligibility Criteria: Teachers with a valid California Preliminary/Level I Credential or teachers with an out-of-state credential and less than 2 years of out-of-state experience are eligible for induction. Candidates with SB 2042 Preliminary Credentials are required to complete a state-approved Induction Program in order to earn their California Professional Clear Credential.

Within 15 days of hire, a district HR Representative must submit this form.

For questions please call Rachel Miller, Teacher Development Content Coordinator, at (559) 265-3098 ext. 3149.

**Induction Program \***

- General Education
- Education Specialist

**Participating Teacher's Induction Status \***

- Year 1
- Year 2 Transfer

\* Previous intern years do not count towards Induction. Please choose Year 2 Transfer if you were previously in another Induction program.

**If Transfer, indicate Year 1 Induction Program/County**

**Teaching Experience \***

- First year beyond student teaching
- Has Previous teaching experience
- Unsure

**Hire Date \***

**First Name \***

**Middle Name**

**Last Name \***

**SSN (Last 4 Digits) \***

**Gender \***

- Male
- Female
- Decline to state

**Race \***

- African American
- American Indian
- Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, Laotian, Cambodian, Filipino, Hmong)
- Hispanic
- Pacific Islander (Hawaiian, Guamanian, Samoan, Tahitian)
- White/Caucasian
- Decline to State

**Date of Birth \***

**School Email \***

**Personal Email**

**Home Address \***

**City \***

**State \***

**ZIP \***

**Primary Phone \***

**District \***

**School \***

**Grade Level(s) \***

**Subject(s) \***

**Site Administrator Name \***

**Site Administrator Email \***



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## Participating Teacher Credential Information

### Full Name Listed on Credential

### Credential Origin \*

- CA Credential
- Out of State Credential (Further requirements beyond the induction program may be required to be recommended for clear credential.)

### University \*

To complete the following 3 questions, please reference the [CTC website](#) (Secured Search) for the Participating Teacher credential information. You will need the full social security number and date of birth to retrieve credential information.

To participate in FCSS Teacher Induction, the PT must hold one or more of the following document titles:

- Multiple-Subject
- Single-Subject
- Mild/Moderate
- Moderate/Severe
- Deaf and Hard of Hearing (DHH)
- Early Childhood Special Education (ECSE)
- Extensive Support Needs (ESN)
- Language and Academic Development (LAD)
- Mild to Moderate Support Needs (MMSN)
- Physical and Health Impairments (PHI)
- Visual Impairments (VI)

### Credential Term \*

### Document Title(s) \*

(ex. Single Subject, English; Education Specialist, Mild/Moderate)

### Expiration Date(s) \*



HOME

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### Induction Coach Information

Induction Coach has been selected \*

- Yes
- No (Please notify induction staff via email as soon as Induction Coach has been identified.)

First Name

Last Name

School Site

Email

Setting

Grade Level(s) (if applicable)

Subject(s) (if applicable)

To complete the following 4 questions, please reference the [CTC website](#) (Secured Search) for the Induction Coach credential information. You will need the full social security number and date of birth to retrieve credential information.

Full Name Listed on Credential

Credential Term

Document Title(s)

(ex. Single Subject, English; Education Specialist, Mild/Moderate)

Expiration Date



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## Acknowledgement

**As the HR Representative for the District, I have informed the Participating Teacher of their responsibility to enter a professional teacher induction program at the start of their initial teaching contract date. I have informed the Participating Teacher that they must successfully complete all program requirements in two years in order to be recommended for a Clear Credential.**

I understand and agree that my typed full name below serves as my electronic signature indicating that the above information is accurate to the best of my knowledge.

**Full Name \***

**Email \***

SUBMIT

Cancel

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