



## North Coast Teacher Induction Program ADVISEMENT FORM

### Personal Information: *Please Print*

Name: \_\_\_\_\_  
First Last

Home Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Teacher Preparation Completed through: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of College/University

Credential Type: \_\_\_\_\_ Out-of-State Credential: \_\_\_\_\_  
MS, SS, Ed Specialist, DS/CTE or DS/Adult Ed If applicable, which state

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Current Grade(s): \_\_\_\_\_ Subject Area(s): \_\_\_\_\_

Mentor's Name (if available): \_\_\_\_\_  
First Last

- I have been informed that it is my responsibility to enroll in a state-approved Clear Credential Program in order to obtain my California Clear Credential. \_\_\_\_\_(initial)
- I am not eligible for Induction because: \_\_\_\_\_(initial)

### Professional Credential Candidate Requirements

Please read the following carefully:

For each year in the North Coast Teacher Induction Program, I understand my responsibilities of participation and completion include, but are not limited to, the following:

1. Complete and submit all state required surveys.
2. Participate in ongoing program evaluation.
3. Meet weekly with my Mentor Teacher
4. Attend monthly professional development seminars.
5. Complete formative assessment activities with my Mentor Teacher, including formal observations.
6. Develop a Professional ePortfolio to be submitted to the NCTIP as partial evidence of completion for the California Clear Credential.

### Professional Credential Candidate Acknowledgments

I acknowledge the following:

1. Failure to fulfill any of the above program requirements and/or responsibilities could result in my not receiving a recommendation for the California Clear Credential and may result in a repeat of the induction program or inquiry. This may result in new requirements and/or additional fees. \_\_\_\_\_(initial)
2. Should questions or concerns arise about the pairing of my Mentor Teacher and myself, it is my responsibility to contact the District or Program Coordinator for consideration of reassignment. \_\_\_\_\_(initial)
3. It is my responsibility to submit all required evidence for program completion. \_\_\_\_\_(initial)
4. Information submitted for evidence of completion of the program requirements is confidential and will not be used for employment evaluation purposes. \_\_\_\_\_(initial)
5. Completion of the program requirements does not imply or ensure continued employment in my district of employment, as licensure requirements and employment criteria may differ. \_\_\_\_\_(initial)

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized District Signature: \_\_\_\_\_ Date: \_\_\_\_\_