

**Beginning Teacher Support and Assessment (BTSA)  
SUPPORT PROVIDER Consent Form (2010-11)**

BTSA Induction is a state-funded program of support for preliminary credentialed teachers in their first or second year of the profession as a credentialed teacher in California or teachers new to California. By completing this form, you are agreeing to be a support provider for your local BTSA program. Participation in BTSA will require regular interaction with a participating teacher. Activities will be arranged with your prior consent and that of the site administrator during classroom release time or after school.

It is important to collect information on new teachers (teachers new to the profession or new to California) as we work to address the teacher shortage, provide support for new teachers, and promote teacher retention. In addition, we want to understand who the support providers are in BTSA. 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.

Pursuant to Education Code §44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted by you through those agencies. Information may also be disclosed to other State or Federal agencies as required by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code §§44200-44439, which authorize this work.

You have the right to review personal information maintained on you by our agency unless access is exempted by law. The Administrator of State Funded Programs, Professional Services Division, 1900 Capitol Ave., Sacramento, California 95811, (916) 324-8002, is responsible for the maintenance of this information. If you have questions, please contact your local BTSA Director.

Through my local BTSA Induction program, I will participate in local Induction program support and assessment activities with my participating teacher(s). To begin the Consent Form Process, please identify the school and district where you teach. If you work more than one site or are not teaching this year, you may use the "district office" as the school site or one of your participating teacher's schools.

County: \_\_\_\_\_

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

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

1. First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone No: \_\_\_\_\_

Cell phone No: \_\_\_\_\_

What is your gender?       Male       Female

What is your age range?

- 25& under     26-30       31-35       36-40     41-45  
 46-50       51-55       56-60       61-65     66 & over  
 Decline to state

2. What grade level(s) are you teaching this year? (Mark all that apply)

- Pre-K       K     1     2     3     4     5  
 6     7     8     9     10     11     12     Adults  
 Special Education       Not teaching this year

3. Please list your Beginning Teacher(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. a. How many years-including the current year-have you been a teacher? \_\_\_\_\_
- b. How many years-including the current year-have you been a support provider? \_\_\_\_\_
- c. How many beginning teachers will you be supporting this year in BTSA? \_\_\_\_\_
- d. Were you in the BTSA program as a BT?  Y  N
- e. Are you a full time release support provider  Y  N
- f. Are you a partial release support provider?  Y  N
- g. Are you a university faculty member?  Y  N
- h. Are you a retired teacher?  Y  N
5. What is your ethnicity?
- African American or Black
- Asian American/Asian/Indian (e.g. Chinese, Japanese)
- Latino, Latin American, Puerto Rican, Mexican American, Chicano or other Hispanic
- SE Asian American, SE Asian (e.g. Cambodian, Hmong)
- Pacific Islander, Filipino
- Caucasian (Non-Hispanic)
- Native American/Alaskan Native
- Other: \_\_\_\_\_ (Please specify)
6. What California credential(s) do you currently hold? (mark all that apply)
- Multiple Subject or equivalent
- Single Subject or equivalent
- Education Specialist or equivalent
- Designated Subjects or equivalent Advanced Credentials or degrees
- Administrative Services
- Pupil Personnel Services
- Master's Degree in \_\_\_\_\_
- Doctorate in \_\_\_\_\_
- National Board Certification in \_\_\_\_\_
- English Learner Certification (CLAD, 395, 1969)
- Other \_\_\_\_\_ (Please specify)
7. Where did you receive your initial credential?
- In California, **Name the specific campus or program**
- UC
- CSU
- Private Institution
- District Intern Program
- \_\_\_\_\_
- Outside California (which State?) \_\_\_\_\_
- Outside US (which Country?) \_\_\_\_\_
8. If you completed the consent online please provide your BTSA ID number here: \_\_\_\_\_

