



North Coast Beginning Teacher Program
ADVISEMENT FORM

Personal Information: Please Print

Name: First Last SS# Date of Birth(m/d/y)

Home Mailing Address: Street/PO Box City State Zip

Teacher Preparation Completed at: Name of College/University Date:

Credential Type: MS,SS, or Ed Specialist Out of State Credential: If applicable, which state

Home Phone: () Email:

District: School:

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

Support Provider's Name (if available): First Last

- I have been informed that it is my responsibility to enroll in a state approved Induction 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 NCBTP Induction Program I understand my responsibilities of participation and completion include, but are not limited to, the following:

- 1. Complete and submit a state Consent Form as required by CCTC & CDE.
2. Participate in ongoing program evaluation.
3. Meet weekly with my Support Provider.
4. Attend monthly professional development seminars.
5. Complete formative assessment activities with my Support Provider, including formal observations.
6. Develop a Professional Portfolio to be submitted to the NCBTP 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. (initial)
2. Should questions or concerns arise about the pairing of my Support Provider and myself, it is my responsibility to contact the District or County 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:

NCBTP AdviseMENT

White: Personnel File

Yellow: District Coordinator

Pink: Candidate