North Coast Paraprofessional Teacher Training Program

District/County Office Verification and Sponsorship

District/COE: _____

Contact person: _____ _____ Phone: _____
First Name Last Name

Email: _____

Name of applicant: _____ _____
First Name Last Name

1. The District/COE supports the above paraprofessional's intent to become a teacher in the specialization checked below within _____ years.
   ___ Single Subject: (Math or Science will have first priority) – Subject area: _____
   ___ Multiple Subject: (Bilingual ___ yes ___ no, will have first priority)
   ___ Special Education: ___ mild/moderate ___ moderate/severe

2. The District/COE agrees to inform NCPTTP staff of any changes in the paraprofessional participant's status.

_____ _____
District/COE designee signature Date