

New Teacher Placement Form



Name: _____ Home Phone #: (____) _____
Last First Middle Initial

Mailing Address: _____
Address City Zip

School Email: _____

Social Security #: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

District: _____ School Site: _____

Subject Area: _____ Assignment: _____

Mentor: (if known) _____
YR 1 BTSA completed?
 If yes, where? _____

Is this your first teaching assignment? YES ☐ NO ☐ If no, how many years have you taught (not counting student teaching)? _____

Credential Information

<input type="checkbox"/>	Preliminary Multiple Subject
<input type="checkbox"/>	Preliminary Single Subject Subject: _____
<input type="checkbox"/>	Education Specialist <input type="radio"/> Mild/Moderate <input type="radio"/> Moderate/Severe <input type="radio"/> Deaf/Hard of Hearing <input type="radio"/> Early Childhood <input type="radio"/> Physical/Health Impairments <input type="radio"/> Visual Impairment

<input type="checkbox"/>	Career and Technical Education Industry: _____
<input type="checkbox"/>	Out of State Credential State issued: _____
<input type="checkbox"/>	Other (please explain)

I have been informed of the local Induction Program and have been given information about the program. Specifically, I have been provided a copy of the Tri-County Induction Program brochure and informed that it is my responsibility to enroll in an approved induction program within 120 calendar days of the start of my initial teaching contract, September 1st, or as soon as possible. I acknowledge failure to fulfill program requirements and/or responsibilities could result in my not receiving a recommendation of the California Clear Teaching Credential. I acknowledge it is my responsibility to submit all required evidence for program completion; completion of program requirements does not imply or ensure continued employment in my district of employment, as licensure requirements and employment criteria may differ. In addition, I am aware that additional completion requirements *may* be required if my credential is from out of state or country, an Education Specialist, and/or Career/Technical Education.

Teacher Signature: _____ Date: _____

Authorized District Signature: _____ Date: _____