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## INDUCTION PROGRAM SUPPLEMENTAL INFORMATION

(Induction/Clear Credential Applicants ONLY)

CALIFORNIA CREDENTIAL VERIFICATION.									
	I have a Preliminary California Teaching Credential and have attached a copy.								
CREDENTIAL(S) YOU ARE APPLYING TO CLEAR. Mark all that apply.									
	Education Specialist: M/M				Spanish				
	Education Specialist: M/S Multiple Subject/Elementary		English Science		Social Science Other (please specify)				
CLINICA	AL SETTING FOR INDUCTION/CLE	E <b>AR.</b> Plea	se check one.						
ш	I do not have a suitable clinical setting (contact CGU's Induction Program Coordinator at 909-621-8076 for guidance)								
MODE OF PROGRAM DELIVERY. Please check one.									
	<b>Geo-Near</b> . Select this option if you plan on doing the Clinical Component of your Induction/Clear Program in a setting that is geographically near CGU (within approximately 40 miles) and you will primarily take courses at CGU and/or meet with CGU staff/faculty in person at CGU.								
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u	Geo-Far. Select this option of you plan on doing the Clinical Component of your Induction/Clear Program in a setting that is geographically fa from CGU (approximately more than 40 miles from CGU) and you will primarily take remote/online courses and/or meet with CGU staff/faculty using virtual tools.								
PREVIO	US BTSA/INDUCTION PROGRAM	INVOLVE	MENT. Please che	ck one.					
	I have not participated in any other BTS	A/Induction	Program.						
following information.									
	Name of Program: Dates of Involvement:								
TEACHING HISTORY – DURING PRELIMINARY CREDENTIAL. Attach an additional sheet if necessary.									
NAME OF SCHOOL, DISTRICT, AND LOCATION		GRADE LEVEL(S)			TEACHING CAPACITY				

NAME OF SCHOOL, DISTRICT, AND LOCATION	GRADE LEVEL(S)	TEACHING CAPACITY
		☐ CGU Resident
		☐ CGU Intern
		□ Non-CGU Intern
		Traditional Student Teacher
		□ Other:
		□ CGU Resident
		□ CGU Intern
		■ Non-CGU Intern
		Traditional Student Teacher
		Other:

## TEACHING HISTORY - POST-PRELIMINARY CREDENTIAL. Attach an additional sheet if necessary.

TEACHING HISTORY - POST-PRELIMINARY CREDENTIAL. Attach an additional sheet if necessary.								
NAME OF SCHOOL, DISTRICT, AND LOCATION	GRADE LEVEL(S)	TEACHING CAPACITY	REASON FOR LEAVING?					
		□ Teacher of Record □ Day-to-Day Substitute □ Long Term Substitute □ (Unpaid) Volunteer □ Other:	Years at site:					
		□ Teacher of Record □ Day-to-Day Substitute □ Long Term Substitute □ (Unpaid) Volunteer □ Other:	Years at site:					
		□ Teacher of Record □ Day-to-Day Substitute □ Long Term Substitute □ (Unpaid) Volunteer □ Other:	Years at site:					

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## **EMPLOYMENT VERIFICATION FORM**

CLINICAL SETTING FOR INDUCTION/CLEAR. CGU's Induction Program is a four-semester program. Applicants are expected to maintain employment as a teacher in a setting that offers a standards-based curriculum. The clinical setting must allow the Participating Teacher to design and implement lessons based on the California content standards in the subject of the PT's credential.

Employment Information					
CGU Participating Teacher's Name					
Name of School/Program					
Street Address					
City State _		Postal	Country		
Phone Number		Fax			
Supervising Administrator Name		Title			
Administrator Email					
School District/Organization					
School Type. Check one.  Public school district – traditional setting Public school district – alternative setting Public school district – adult education Non-public school Charter school Private school – religious Private school – nonsectarian * After school program		* Home school setting  * Pre-school  * Correctional facility (must be willing to allow video)  * Rehabilitation center or hospital  * Community center  * Tutoring for a "for profit" company  * Other:			
Applicant's Role  □ Paid Employee – Full time □ Paid Employee – Part time □ Long term substitute. Length of contract: _ □ Other	*****		=\(\begin{array}{cccccccccccccccccccccccccccccccccccc		
<u>Dates &amp; Hours of Service at the Proposed Setting</u>	<u>ng.</u>				
Starting Date (mm/dd/year)		Ending Date	(mm/dd/year)		
Number of <u>instructional hours</u> per week:		_			
Number of students in proposed instructional group  Signatures	):	*********	_ (should be no less than 5 students)		
CGU Participating Teacher Signature		D	ate		
Supervising Administrator Signature		D	ate		
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Induction Program Coordinator Signature			ate		