



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.*

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Education Specialist: M/M | <input type="checkbox"/> Math | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Education Specialist: M/S | <input type="checkbox"/> English | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Multiple Subject/Elementary | <input type="checkbox"/> Science | <input type="checkbox"/> Other (please specify) _____ |

CLINICAL SETTING FOR INDUCTION/CLEAR. *Please check one.*

- I have a clinical setting – must complete the **Clinical Setting Verification Form** (Page 2 of this form)
- 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.*

- Geo-Near.** 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.
- Geo-Far.** Select this option if you plan on doing the Clinical Component of your Induction/Clear Program in a setting that is geographically far 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.

PREVIOUS BTSA/INDUCTION PROGRAM INVOLVEMENT. *Please check one.*

- I have not participated in any other BTSa/Induction Program.
- I have participated in another BTSa/Induction Program, and I have/will provide CGU's Induction Program Coordinator with verification of the 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
		<input type="checkbox"/> CGU Resident <input type="checkbox"/> CGU Intern <input type="checkbox"/> Non-CGU Intern <input type="checkbox"/> Traditional Student Teacher <input type="checkbox"/> Other: _____
		<input type="checkbox"/> CGU Resident <input type="checkbox"/> CGU Intern <input type="checkbox"/> Non-CGU Intern <input type="checkbox"/> Traditional Student Teacher <input type="checkbox"/> Other: _____

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?
		<input type="checkbox"/> Teacher of Record <input type="checkbox"/> Day-to-Day Substitute <input type="checkbox"/> Long Term Substitute <input type="checkbox"/> (Unpaid) Volunteer <input type="checkbox"/> Other: _____	Years at site: _____ <input type="checkbox"/> Presently employed <input type="checkbox"/> RIF <input type="checkbox"/> Promoted to another position within the school district <input type="checkbox"/> Left teaching profession <input type="checkbox"/> Family Leave <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Teacher of Record <input type="checkbox"/> Day-to-Day Substitute <input type="checkbox"/> Long Term Substitute <input type="checkbox"/> (Unpaid) Volunteer <input type="checkbox"/> Other: _____	Years at site: _____ <input type="checkbox"/> Presently employed <input type="checkbox"/> RIF <input type="checkbox"/> Promoted to another position within the school district <input type="checkbox"/> Left teaching profession <input type="checkbox"/> Family Leave <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Teacher of Record <input type="checkbox"/> Day-to-Day Substitute <input type="checkbox"/> Long Term Substitute <input type="checkbox"/> (Unpaid) Volunteer <input type="checkbox"/> Other: _____	Years at site: _____ <input type="checkbox"/> Presently employed <input type="checkbox"/> RIF <input type="checkbox"/> Promoted to another position within the school district <input type="checkbox"/> Left teaching profession <input type="checkbox"/> Family Leave <input type="checkbox"/> Other: _____

