

Specialty Area:

Holds (select):

Teacher Induction Program Plan

NAME	TERM ADMITTED to Clear program
MAILING ADDRESS	STUDENT ID #
CURRENT EMPLOYMENT (school & district)	STUDENT WORK PHONE
EMPLOYER DESIGNATED (onsite) SUPPORT PROVIDER	SUPPORT PROVIDER PHONE
FACULTY ADVISOR	FACULTY ADVISOR PHONE

Clearing more than one specialty area:

Prelingually Deaf Restriction?

Check all specialty areas that apply:

INDUCTION AND SUPPORT (3 UNITS)	REQUIRED	COMPLETED	EQUIVALENT
SPED 628 Induction and Formative Assessment (3)	_____	_____	_____
PEDAGOGY COURSES (6 units) PLEASE LIST COURSES	REQUIRED	COMPLETED	EQUIVALENT
See your advisor for options by specialization.			
_____	_____	_____	_____
_____	_____	_____	_____
INDIVIDUAL LEARNING PLAN (ILP) *	REQUIRED	COMPLETED	
Determined in collaboration with employer designated support provider and faculty advisor	_____	_____	
ASSESSMENT OF PROFESSIONAL COMPETENCE (3 UNITS)	REQUIRED	COMPLETED	EQUIVALENT
SPED 638 The Role of the Special Educator (3) (M/M, M/S, DHH)	_____	_____	_____
SPED 683EC Trends and Issues in ECSE (3) (ECSE)	_____	_____	_____
GPA: All candidates must maintain a 2.75 cumulative GPA since admission to the Clear Program and 3.0 in coursework (C or better) required on the Clear Education Specialist Credential Induction Program Plan	_____	_____	

Additional Requirements for Candidates Who Completed a Level I Education Specialist Credential Program:	REQUIRED	COMPLETED	EQUIVALENT
Health: HSCI 365LS or 435or 436 or 466ADO or 465ELM	_____	_____	_____
Technology: SPED 595T (preferred) or EED 513 or EED 515 or EED 602 or SED514	_____	_____	_____
CPR Certification: Infant, Child and Adult. Online CPR certification will not be accepted.	_____	_____	_____
Must be completed with a "C" or better and are part of cumulative GPA of 2.75.	_____	_____	_____

***IMPORTANT: The Commission on Teacher Credentialing requires that the ILP must be designed and implemented solely for the professional growth and development of the participating teacher and not for evaluation for employment purposes.**

 Level I/Preliminary program completed _____ in California **or** _____ Out of State or out of the country

Additional CTC Requirements for candidates who hold a Preliminary or Level I Credential based on out-of-state or out-of-country teacher preparation programs: _____

SIGNATURES:

Student	Date	Employer Designated Support Provider	Date
Faculty Advisor	Date	Department Chair	Date
Faculty Advisor *(2 nd Specialty Area)	Date	Credential Analyst	Date