Administrator: You have received this form because your teacher (listed below) has applied to CSUF's Early Completion Option of our Teacher Induction Program. Please verify that this participating teacher has a minimum of two years teaching experience in the same school and district, their current teaching assignment, identify a mentor for this participating teacher, indicate that you are recommending them for the Early Completion Option and agreeing to cooperate with their participation in this program with your signature below.

Please fill out this form completely, sign and date them before submitting this form via Adobe Sign.

More information on these requirements is available online: extension.fullerton.edu/teacher-induction. If you have any questions about the Teacher Induction Program or this form, please email eiptip@fullerton.edu.

me		Email
one Number		Participating Teacher First Year in the Program
		nrolled in the Teacher Induction Program
articipating Teacher Assig	School Name	nrolled in the Teacher Induction Program

Subject(s) and Grade level(s) for Each Class Assigned



Administrator Verification of Employment and Recommendation for Early Completion

Please review the following areas where your cooperation is required and sign below to indicate agreement with all items:

- I confirm that the applicant has been employed in the same school and district for a minimum of two years.
- I confirm that the participating teacher listed above is/will be employed as the TEACHER OF RECORD for the teaching assignment above for at least 25% time and teach a minimum of 10 students for the duration of their participation in the Teacher Induction Program. (Substitute teachers are not eligible for this program.)
- I have reviewed and confirm that the candidate's most recent teacher evaluation demonstrates a minimal rating of 'Exemplary' or equivalent based on the elements of the California Standards for the Teaching Profession (CSTPs).
- Based on the candidate's teaching performance and experience, I recommend he/she be accepted into the Early Completion Option of the Teacher Induction Program.
- I agree to select and identify a mentor (below) to support the learning and development of the participating teacher based on CTC and TIP criteria, as well as district/agency procedures and policies. (The mentor identified below will need to verify their eligibility and willingness to serve as the participating teacher's mentor via our Mentor Agreement form.)

Mentor Eligibility Criteria:

Administrator Signature

- · Knowledge of the contexts and the content area of the New Teacher's teaching assignment
- Demonstrated commitment to professional learning and collaboration
- Possession of a Clear Teaching Credential
- · Ability, willingness, and flexibility to meet the New Teacher's needs for support
- Minimum of three years of effective teaching experience

	Mentor First Name	Mentor Last Name	
	Mentor Email	Confirm Mentor Email	
 I will ensure that the mentor selected will be provided sufficient time to fulfill mentor responsibilities (per CTC requirements, approximately one hour per week for the 12-week CSUF semesters). 			
I agree to	update the Teacher Induction Coordinator of any c	hanges in the employment status of the participating teacher.	
dministrator N	Name	Administrator Email	



Date