



Newark Teacher Induction Program

PETITION TO DECLINE TO PARTICIPATE

Name		Participation Year	Y1 Y2
School		Grade/ Content Area	
District	NUSD Charter/Private	School Year	

“ Though eligible, I decline to participate in the Newark Teacher Induction Program.” Reason:

My initials indicate acknowledgement of each statement below:

_____ *I understand that failure to complete Induction results in not receiving a recommendation for a clear teaching credential.*

_____ *I acknowledge that if I may not participate or re-enroll in this Induction program once this petition is approved.*

_____ *I understand that my preliminary teaching credential expires on _____.*

_____ *I acknowledge a copy of this form will be included in my personnel file.*

Credential Candidate Signature / Date _____

Human Resource / School Administrator Signature / Date: _____

Induction Director / Date: _____