



Paramount Unified School District

Educational Services

Teacher Induction Program



Request for Credential Recommendation

Printed Name: _____ Date: _____

I hereby request that the Paramount Unified School District review my participation in their Teacher Induction Program and make a recommendation for my Clear Credential. I understand that my electronic Induction folder will be accessed by the program and will be available to me upon completion of the program. Furthermore, I understand that I will be notified by the Teacher Induction Program about the approval of this request.

I want to be contacted by the Commission on Teacher Credentialing using the email address that I have indicated. I understand that it is my responsibility to regularly check this email address and pay for the fees online as directed. The Completer Survey will also be submitted to the CTC upon paying credential fees.

Email address: _____

Signature: _____

For Office Use Only:

Date Request Was Received: _____

Date Review Was Completed: _____

<p><input type="checkbox"/> The candidate has demonstrated competency by meeting the program requirements. The Request for Credential Recommendation is granted.</p>	<p><input type="checkbox"/> The Request for Credential Recommendation cannot be granted at this time because the following program requirements have not been met:</p> <p>Please submit the items above before the end of your two-year Induction program. Should you feel you need additional time to gather the needed documentation, please file a <i>Request for Program Extension</i>. The CA Teacher Induction Program staff is available to meet with you to establish an Action Plan and to assist you in meeting the remainder of the program requirements.</p>
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Verified By: _____ Date: _____