



Santa Barbara County Education Office
Clear Administrative Services Credential (CASC) Program

Coach Application
2026-2027

Office Use Only:

Received on: _____

Approved: yes no

No/reason: _____

Directions: This application must be approved by the CASC Director **prior to program registration.**

- **Sections A and B** are to be completed by the District/Site Coach. Completion of all fields is required for evaluation and admission.
- **Section C** is to be completed by the District/Local Education Agency (LEA)/Employing authorized agent.
- Return completed form by mail to:

Santa Barbara County Education Office
Attn: Dr. Anne Roundy-Harter, C & I / CASC Program
4400 Cathedral Oaks Rd.
Santa Barbara, CA 93111

Program Eligibility: A Coach should **not** be the Candidate's evaluator. Prior to approval, a Coach must:

- ☐ Possess a valid Clear Administrative Services Credential
- ☐ Have completed three years or more of successful administrative service

Section A: Coach Information
(completed by the District/Site Coach)

Full Name: _____

Home Street Address: _____

City: _____ Zip: _____

Work Email: _____ Home Email: _____

Current Job Title: _____ or ☐ Retired

Name of District/LEA/Employing Entity: _____

Name of Work Site (if applicable): _____

Work Address: _____

City: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Name(s) and Role(s) of Candidate(s):

PLEASE ATTACH A CURRENT RESUME

I hold the following valid prerequisite credentials (please check if preliminary or clear):

Preliminary	Clear	Credential	Expiration Date
		CA Administrative Services Credential	
		CA Single Subject Teaching Credential	
		CA Multiple Subject Teaching Credential	
		CA Education Specialist Credential	
		CA Pupil Personnel Services Credential	
		CA Speech-Language Pathology Services Credential	
		School Nurse Services Credential (Clear Only)	
		Clinical or Rehabilitative Services Credential	

Section B: Agreement to Responsibilities
(completed by District/Site Coach)

I agree to the following responsibilities as a District/Site Coach:

_____ (initial) **Professional Learning:**

- Attend the initial orientation and coaching training prior to coaching the Candidate
- Attend five (5) CASC classes with the Candidate
- Comply with all CASC program policies, as noted in the CASC Handbook.

_____ (initial) **Supervision:**

- Make myself available to the assigned candidate(s), as needed, to provide a minimum of 40 hours of coaching and guidance within the school year, including in-person, on-site, and If needed, virtual support
- Collaborate with my candidate(s) in response to the candidate's needs and provide guidance and information that leads to the candidate's effective leadership practice.
 - ➡ Please note that the program requires a **minimum of 40 hours each year** of the two-year program.

_____ (initial) **Program Responsibilities:**

- Participate in ongoing program evaluation, including a program evaluation survey.
- Communicate questions or concerns about the SBCEO CASC Program to the Program Director.
- Provide signatures on required documents, including coaching logs.

District/Site Coach's Commitment:

I verify that all the above information is true and correct and agree to fulfill the responsibilities of the District/Site Coach as specified on this application.

District/Site Coach Signature: _____ Date: _____

Section C: Approval and Verification

(To be completed/signed by the District/LEA/Employing Entity Authorized Agent)

The District/LEA/Employing Entity verifies that the Coach meets the criteria for program eligibility.

☐ Yes

☐ No

(If applicable) The District/LEA/Employing Entity understands that the program hours and coaching support may take place during regular workdays and agrees to provide release time for this coach to complete all program requirements.

☐ Yes

☐ No

The District/LEA/Employing Entity verifies the applicant as a District/Site Coach.

Name of District/LEA/Employing Entity: _____

Print Name of Person Authorizing Coach: _____

Job title: _____

Authorized Signature: _____ Date: _____

Phone: _____

Email: _____

Important Coach Information:

Submission of this application is an agreement to participate in ongoing program evaluation. It is important to collect information on candidates as we work to address the educator shortage, provide support for educators, and promote retention in the educational field. *The California Information Practices Act* provides that agencies requesting information indicate the principal purposes for which that information will be used.

Information displayed on documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code 44230, the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted through those agencies. Information may also be disclosed to other State or Federal agencies as required by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code 44200-44439, which authorizes this work. If not furnished, your application may be denied, delayed, or returned for completion.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Curriculum and instruction Department at the Santa Barbara County Education Office is responsible for the maintenance of this information.

* * *