

California State University Dominguez Hills Teacher Induction Program

Verification of Employer Commitment and Support for Induction

Applicant's Name, as it appears on CA Preliminary Credential:

Last First Middle

Employing District or Organization

District/Organization School Teaching Assignment

CA Preliminary Teaching Credential Type and Additional Authorizations as listed on Applicant's CA Preliminary Credential

Credential Requirement/s for Renewal, as listed on CA Preliminary Credential

Employer's Commitment and Support for Candidate Induction

I, _____, understand that _____
Site Administrator (print name here) Candidate Applicant (print name here)

is applying for the CSUDH Induction Program which is a two-year program clear credential program, with an Early Completion Option available for "experienced and exceptional" teacher candidates. In Induction, candidates set, work on, and achieve professional goals through an Individual Learning Plan (ILP) process with the direct support of a site-based mentor teacher.

I understand that the CSUDH Induction Program requires each enrolled candidate to be matched by their employer with a site or organizational mentor who holds alike credentials for the duration of the Induction Program. The site mentor assists the candidate with developing an Individual Learning Plan, as well as documenting candidate progress using the CSUDH mentoring instruments. Mentors meet with their CSUDH candidates at least 3 hours per month and participate in online professional development to support their teachers throughout the two-year program. An additional hour of monthly support is provided by the Induction course instructor. CSUDH does not compensate site mentors; the decision to compensate mentors is that of the employer.

I agree

- to provide this candidate with a site or organizational mentor who holds alike credentials to the candidate.
- to provide release time for this mentor, at least twice a year, to observe their candidate.
- to not use the candidate's Individual Learning Plan and mentor observations for evaluation purposes.

Site Administrator's Signature _____ Date _____

School Address: _____
Street City Zip Code

Site Administrator Contact Information Phone: _____ Email _____

Applicant's Signature _____ Date _____