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# **DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS**

| Original Declaration of Need for year:  | ·  |  |
|---|--|--|
| Revised Declaration of Need for year:   |  |  |
| FOR SERVICE IN A SCHOOL DISTRICT O  | R DISTRICT/COUNTY AUTHORIZED C   | CHARTER SCHOOL   |
| Name of District or Charter:  |  | District CDS Code:   |
| Name of County:   |  | County CDS Code:   |
| By submitting this annual declaration, t  | he district is certifying the following:                               | :  |
| A diligent search, as defined be  | low, to recruit a fully prepared teach                                 | ner for the assignment(s) was made   |
| <ul> <li>If a suitable fully prepared teach<br/>to recruit based on the priority</li> </ul>           |  | rict, the district will make a reasonable effort   |
| scheduled public meeting held on  | // certifying that there is a pyment criteria for the position(s) list | d above adopted a declaration at a regularly in insufficient number of certificated persons and on the attached form. The attached form insent calendar. |
| With my signature below, I verify that to force until June 30,  Submitted by (Superintendent, Board S | , ,  | by the board. The declaration shall remain in  |
| Name  | Signature  | Title  |
| Fax Number  | Telephone Number   | Date   |
|   | Mailing Address  |  |
|   | EMail Address  |  |
| FOR SERVICE IN A COUNTY OFFICE OF I   | EDUCATION, STATE AGENCY, CHART   | TER SCHOOL OR NONPUBLIC SCHOOL   |
| Name of County  |  | County CDS Code  |
| Name of State Agency  |  |  |
| Name of NPS/NPA   |  | County of Location   |
|   |  |  |

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| specified above adopted a declaration of that such a declaration would be made, or  | of Education or the Director of the State An/, at least 72 hours follo certifying that there is an insufficient numed employment criteria for the position(s) | wing his or her public announcement ober of certificated persons who meet |
|---|---|---|
| The declaration shall remain in force unti  | il June 30,   |   |
| ► Enclose a copy of the public annound<br>Submitted by Superintendent, Director, of |   |   |
| Name  | Signature   | Title   |
| Fax Number  | Telephone Number  | Date  |
|   | Mailing Address   |   |
|   | EMail Address   |   |
| ► This declaration must be on file with issued for service with the employing       | the Commission on Teacher Credentialing agency  | g before any emergency permits will be                                    |
| permits the employing agency estimate   | Y QUALIFIED EDUCATORS  eds and projections of enrollment, pleases it will need in each of the identified Educators. This declaration shall be val             | areas during the valid period of this                                     |
| This declaration must be revised by the exceeds the estimate by ten percent. Bo     | e employing agency when the total num ard approval is required for a revision.  | ber of emergency permits applied for                                      |
| Type of Emergency Permit  | Estimate  | d Number Needed   |
| CLAD/Fnalish Loomar Authori   | ization (applicant already  |   |

# Type of Emergency Permit CLAD/English Learner Authorization (applicant already holds teaching credential) Bilingual Authorization (applicant already holds teaching credential) List target language(s) for bilingual authorization: Resource Specialist Teacher Librarian Services

# **LIMITED ASSIGNMENT PERMITS**

Limited Assignment Permits may only be issued to applicants holding a valid California teaching credential based on a baccalaureate degree and a professional preparation program including student teaching.

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Based on the previous year's actual needs and projections of enrollment, please indicate the number of Limited Assignment Permits the employing agency estimates it will need in the following areas. Additionally, for the Single Subject Limited Assignment Permits estimated, please include the authorization(s) which will be requested:

| TYPE OF LIMITED ASSIGNMENT PERMIT | ESTIMATED NUMBER NEEDED |  |  |
|-----------------------------------|-------------------------|--|--|
| Multiple Subject                  |                         |  |  |
| Single Subject                    |                         |  |  |
| Special Education                 |                         |  |  |
| TOTAL                             |                         |  |  |
| TOTAL                             |                         |  |  |

| AUTHORIZATION(S) FOR SINGLE SUBJECT LIMITED ASSIGNMENT PERMITS (A separate page may be used if needed) | ESTIMATED NUMBER NEEDED |
|--|-------------------------|
|  |                         |
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### **EFFORTS TO RECRUIT CERTIFIED PERSONNEL**

The employing agency declares that it has implemented in policy and practices a process for conducting a diligent search that includes, but is not limited to, distributing job announcements, contacting college and university placement centers, advertising in local newspapers, exploring incentives included in the Teaching as a Priority Block Grant (refer to <a href="https://www.cde.ca.gov">www.cde.ca.gov</a> for details), participating in state and regional recruitment centers and participating in job fairs in California.

If a suitable fully prepared teacher is not available to the school district, the district made reasonable efforts to recruit an individual for the assignment, in the following order:

- A candidate who qualifies and agrees to participate in an approved internship program in the region of the school district
- An individual who is scheduled to complete initial preparation requirements within six months

## EFFORTS TO CERTIFY, ASSIGN, AND DEVELOP FULLY QUALIFIED PERSONNEL

| Has your agency established a District Intern program?  | Yes            | No   |  |
|---|----------------|------|--|
| If no, explain  |                |      |  |
| Does your agency participate in a Commission-approved college or university internship program? | Yes            | No   |  |
| If yes, how many interns do you expect to have this year?                                       |                |      |  |
| If yes, list each college or university with which you participate in an in                     | nternship prog | ram. |  |
|   |                |      |  |
|   |                |      |  |
|   |                |      |  |
| If no, explain why you do not participate in an internship program.                             |                |      |  |
|   |                |      |  |

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