

CALIFORNIA COMMISSION ON TEACHER CREDENTIALING

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Sacramento, California 94244-2700
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OFFICE OF THE EXECUTIVE DIRECTOR

Date: March 15, 2000 00-00010

To: All Individuals and Groups Interested in Activities of the California Commission on Teacher Credentialing

From: Sam W. Swofford, Ed. D.
Executive Director

Subject: Revised Declaration of Need for Fully Qualified Educators and Revised Variable Term Waiver Request Form (WV-1)

Recent changes to the Education Code and the California Code of Regulations, Title 5, have prompted the Commission to revise the Declaration of Need for Fully Qualified Educators and the Variable Term Waiver Request Form (WV1). The revisions to the Declaration of Need and the Variable Term Waiver Request Form have incorporated the requirement that employing agencies certify recruitment practices and have added a staffing estimate to the Declaration of Need. The revised Declaration of Need must be on file with the Commission prior to the granting of Emergency Permits with issuance dates on or after July 1, 2000. The revised Variable Term Waiver Request Form will be required for all credential waivers with an issuance date on or after July 1, 2000. Copies of the revised forms are attached.

AB 471 (Scott) was signed by the Governor on September 15, 1999 and became effective on January 1, 2000. One of the bill's provisions requires school districts to certify by an annual resolution of the governing board that it has made reasonable efforts to recruit fully prepared teachers for an assignment. If a fully prepared teacher is not available, the district shall make reasonable efforts to recruit for an individual in the following order:

- A candidate who is schedule to complete initial preparation requirements with six months.
- A candidate who is qualified to participate in an approved internship program in the region of the school district.

If a suitable individual who meets the above priorities is not found, then the district may request approval for placement of an individual on an emergency permit. Failing to find an individual who qualifies for an emergency permit, the district may request a credential waiver.

To adhere to the changes in the Education Code, the recruitment practices and hiring priorities stated in AB 471 have been added to Page 1 of the Declaration of Need for Fully Qualified Educators. The governing board's adoption of the Declaration will meet the AB 471 certification requirement. The recruitment practices and hiring priorities have also been added to the Page 4 of the Variable Term Waiver Request Form because these provisions in AB 471 also apply to credential waivers.

The California Code of Regulations, Title 5, pertaining to emergency permits changed on February 1, 2000. Coded Correspondence 99-9931 outlined many of those changes. An additional change requires employing agencies that participate in internship programs and/or offer pre-internship programs must estimate the number of internships and pre-internships the agency anticipates employing during the school year. Page 4 Section VI on addresses these changes.

If you have further questions about the changes in the Declaration of Need, please call (888) 921-2682 or (916) 445-7254 between 8:00 am and 5:00 pm weekdays, or send e-mail to credentials@ctc.ca.gov. Questions pertaining to the Variable Term Waiver Form should be directed to the Waiver Message Center at (916) 323-7136 or waivers@ctc.ca.gov.

State of California
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Original Declaration for Year _____
 Revised Declaration for Year _____

ATTN: DECLARATION OF NEED

DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS

For Service in a School District:

Name of District _____ District CDS Code _____

Name of County _____ County CDS Code _____

By submitting this annual resolution the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made. 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:

- 1) an individual who is scheduled to complete initial preparation requirements within six months
- 2) a candidate who is qualified to participate in an approved internship program in the region of the school district.

The governing board of the school district specified above adopted a declaration at a regularly scheduled public meeting held on ___/___/___ certifying that there is an insufficient number of certificated persons who meet the district's specified employment criteria for the position(s) listed on the attached form. The attached form was part of the agenda, and the declaration did NOT appear as part of a consent calendar. **Enclosed is a copy of the Board agenda item.** With my signature below I verify that the item was acted upon favorably by the board. The declaration shall remain in force until June 30, _____. For a declaration to remain in force for longer than one year, the district must have an approved Plan to Develop Fully Qualified Educators on file with the Commission.

Submitted by (Superintendent, Board Secretary, or Designee):

Name _____ Signature _____
 Title _____ Date _____
 Telephone # _____ FAX # _____
 Mailing Address _____

Service for a County Office of Education, State Agency, or Non-Public School or Agency (NPS/NPA): Complete only the appropriate line.

Name of County _____ County CDS Code _____

Name of State Agency _____

Name of NPS/NPA _____ County of Location _____

The Superintendent of the County Office of Education or the Director of the State Agency or the Director of the NPS/NPA specified above adopted a declaration on ___/___/___, at least 72 hours following his or her public announcement that such a declaration would be made, certifying that there is an insufficient number of certificated persons who meet the county's, agency's or school's specified employment criteria for the position(s) listed on the attached form. **Enclosed is a copy of the public announcement.** The declaration shall remain in force until June 30, _____. For a declaration to remain in force for longer than one year, the county, agency or school must have an approved Plan to Develop Fully Qualified Educators on file with the Commission.

Superintendent or Director:

Name _____ Signature _____
 Title _____ Date _____
 Telephone # _____ FAX # _____
 Mailing Address _____

DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS

This declaration must be on file with the California Commission on Teacher Credentialing before any emergency permits will be issued for service with the employing agency.

I. AREAS OF ANTICIPATED NEED FOR FULLY QUALIFIED EDUCATORS

Based on the previous year's actual needs and projections of enrollment, please indicate the number of emergency permits the employing agency estimates it will need in each of the identified areas during the valid period of this Declaration of Need for Fully Qualified Educators. This declaration shall be valid only for the type(s) and subjects(s) identified below. This declaration must be revised by the employing agency when the total number of emergency permits applied for exceeds the estimate by ten percent. Board approval is required for a revision.

TYPE OF EMERGENCY PERMIT	ESTIMATED NUMBER NEEDED
Multiple Subject (No emphasis) w/CLAD Emphasis w/BCLAD Emphasis (List target languages on pg. 3)	_____ _____ _____
Single Subject (No emphasis; check subjects on pg. 3) w/CLAD Emphasis w/BCLAD Emphasis (List target languages on pg. 3)	_____ _____ _____
CLAD Permit (Applicant already holds teaching credential)	
BCLAD Permit (Applicant already holds teaching credential; list target languages on pg. 3)	
Education Specialist: Deaf and Hard of Hearing Mild / Moderate Physical and Health Impaired Moderate / Severe Visually Impaired Early Childhood Special Education Resource Specialist	_____ _____ _____ _____ _____ _____ _____
Clinical or Rehabilitative Services Language, Speech, & Hearing Special Class Authorization	_____ _____
Library Media Teacher Services	

II. SUBJECTS ON EMERGENCY SINGLE SUBJECT TEACHING PERMITS

Identify the subjects of estimated need with a check mark.

- | | |
|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Home Economics |
| <input type="checkbox"/> Art | <input type="checkbox"/> Industrial & Technology Ed. |
| <input type="checkbox"/> Business | <input type="checkbox"/> Life Science (obsolete 1-1-98) |
| <input type="checkbox"/> English | <input type="checkbox"/> Math |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Music |
| <input type="checkbox"/> French | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> German | <input type="checkbox"/> Physical Science (obsolete 1-1-98) |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Science: Biological Sciences |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Science: Chemistry |
| <input type="checkbox"/> Government (obsolete 1-1-98) | <input type="checkbox"/> Science: Geosciences |
| <input type="checkbox"/> Health Science | <input type="checkbox"/> Science: Physics |
| <input type="checkbox"/> History (obsolete 1-1-98) | <input type="checkbox"/> Social Science |

III. TARGET LANGUAGE(S) ON BILINGUAL EMPHASIS AND BCLAD PERMITS

List the target languages of estimated need under the appropriate category.

Multiple Subject	Single Subject	BCLAD
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

IV. PLACEMENT OF STUDENTS IN NON-PUBLIC SCHOOLS AND AGENCIES

School Districts and County Offices of Education must complete this section.

How many students do you estimate that you will be placing in non-public schools or agencies during this year?

Name the non-public agencies you plan to contract your students for services. Indicate whether or not agency(s) employ teachers on emergency permits.

_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

VARIABLE TERM WAIVER REQUEST

Requests must be prepared by the employing agency, not the applicant, and must be typewritten or computer generated. All materials must be clear enough to photocopy. Please see the instructions for more information.

1. EMPLOYING AGENCY (include mailing address) <input type="checkbox"/> NPS/NPA (list county code _____)	County/District CDS Code	Contact Person Telephone #: FAX #:
--	-----------------------------	--

2. APPLICANT FOR THE WAIVER

Social Security Number -- --

If fingerprint clearance is not on file at CTC, include an application for a Certificate of Clearance. Review by the Division of Professional Practices, if needed, will be concluded before a waiver approval letter will be issued.

Full Legal Name _____
Last First Middle

Former Name(s) _____ Birth Date _____

Applicant's Mailing Address _____

California Credential or Permit Held (if any) _____

Assignment _____ CSR Yes No

[Specific position and grade level (e.g. chemistry teacher, grades 11-12), not location]

For bilingual assignment, list LANGUAGE: _____

Credential Goal _____

(Specific title and subject area of the credential that authorizes the assignment. Note that the subject must be one which is available under current regulations.)

3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED: EC §44830(a)

"A governing board of a school district shall employ for positions requiring certification qualifications, only person who possess the qualifications therefor prescribed by law..."

Specific section(s) covering the assignment: _____
(See instructions for examples)

4. EFFECTIVE DATES

/ / to / /

Waivers are dated effective the beginning date of service. If the waiver request is for longer than one year, provide a compelling reason why it should extend beyond the end of the school term or year. If this request is submitted after the deadline for the third meeting following the beginning date of service, you MUST attach an explanation of the extenuating circumstances that caused the delay.

Commission Use Only/Bar Coded Label <div style="text-align: right;">Form WV1 3/00--Page 1 of 4</div>

5. IS THE POSITION IN A STATEWIDE SHORTAGE AREA?

- Statewide shortage area: special education including resource setting, speech clinician, teacher of LEP students, teacher of math or science, reading specialist, driver education and training, library media services and multiple subject teaching.
- NOT a statewide shortage area: administration, counseling, school psychology, most secondary teaching areas--complete number 7 below.

6. WHAT HAVE YOU DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION? Please attach copies of announcements, advertisements, etc. if this is in a *non-shortage* area. No copies are necessary if this is a recognized shortage area.

- | | |
|--|--|
| <input type="checkbox"/> Distributed job announcements | <input type="checkbox"/> Attended job fairs in California |
| <input type="checkbox"/> Contacted IHE placement centers | <input type="checkbox"/> Attended recruitment out of state |
| <input type="checkbox"/> Advertised in local newspapers | <input type="checkbox"/> Advertised in professional journals |
| <input type="checkbox"/> Advertised in national newspapers | <input type="checkbox"/> Other _____ |
-
- This is a subsequent waiver in a recognized shortage area. We have given support and assistance to this individual to develop his or her skills in lieu of recruiting.

7. IF THIS POSITION IS NOT IN A STATEWIDE SHORTAGE AREA:

A. What is the SPECIFIC employment criteria for the position? What special skills and knowledge are needed to successfully perform in this position? These should also be described in your recruitment advertisements and announcements.

B. Provide detailed information about the results of your recruitment efforts. Be sure to answer each of the following questions:

How many individuals applied for the position? _____

How many of those held the appropriate credential? _____

How many were interviewed? _____

What were the results of those interviews? If credentialed candidates applied for this position please explain why those individuals were not selected.

8. IF THIS IS AN INITIAL WAIVER REQUEST FOR THIS INDIVIDUAL IN THIS ASSIGNMENT, WHAT MAKES THE APPLICANT THE BEST CANDIDATE? Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

13. PUBLIC NOTICE -- CHECK THE BOX THAT APPLIES

Public School District: Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or his or her designee in item #15 below, the person signing verifies that the item was acted upon favorably by the board.

By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made. 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:

1. an individual who is scheduled to complete initial preparation requirements within six months
2. a candidate who is qualified to participate in an approved internship program in the region of the school district

County Office of Education, State Agency, Charter Schools or Nonpublic, Nonsectarian School or Agency: Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the Superintendent or Administrator or his or her designee in item #15 below, the person signing verifies that there were no objections to this waiver request.

14. APPLICANT'S CERTIFICATION

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #9 above.

Signature of Applicant *Date*
(Sign full legal name as listed in #2 above)

15. EMPLOYING AGENCY CERTIFICATION

The person for whom this waiver is requested will not be employed until he or she has been cleared by the Department of Justice under the provisions of Education Code Section 44332.6 and Section 44830.1 (AB1612). The employer acknowledges that the Commission's final approval of this individual's waiver will be determined by a fitness review covering, in part, criminal activity, including certain in-state and/or out-of-state convictions.

If this waiver request is for service to special education children, the Special Education Local Planning Area (SELPA) has been notified of our intent to request this waiver.

I certify under penalty of perjury that the information provided in this report is accurate and complete.

District/County Superintendent, Personnel Administrator, NPS/NPA Administrator, or Designee:

Signature _____
Title _____
Date _____

Use additional sheets as necessary to provide complete information about any section of this waiver request. This form may be duplicated or may be reproduced on computer as long as the order of the information remains the same and page 1 information remains on page 1.