



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

Office Use Only:
Received on _____
Approved: yes no
No/reason _____
Coach _____

Directions: This application must be submitted and approved **prior to program registration.**

- Sections A and B are to be completed by the CASC 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: Santa Barbara County Education Office
Attn: Cassandra Bautista, Director of Leadership and Program Support
4400 Cathedral Oaks Rd.
PO Box 6307
Santa Barbara, CA 93160-6307

EMAIL: cbautista@sbceo.org

Program Eligibility: Candidates *must have* the following prior to approval:

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

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

Full Legal Name: _____

Former Maiden Names: _____

Home Street Address: _____

City: _____ Zip: _____

Current Job Title: _____

Name of District/LEA/Employing Entity: _____

Name of Work Site: _____

Work Address: _____

City: _____ Zip: _____ Email _____

Home/Cell Phone: () _____ Work Phone: () _____

Brief description of administrative experience, including number of years of experience (or attach 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-Lang. Pathology Services Credential	
		School Nurse Services Credential (Clear Only)	

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 six (6) Coach classes (24 hours) as required by the CTC and SBCEO CASC Program.
- Attend the initial orientation training prior to the first CASC class.
- Comply with policy in handbook regarding missed CASC classes.

_____ (initial) **Supervision:**

- Make myself available to the assigned candidate(s), as needed, to provide a minimum of 40 hours of coaching and guidance.
- 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.

_____ (initial) **Program Responsibilities:**

- Submit Coaching Records and a Coaching Log, as required by the program due dates.
- Participate in ongoing program evaluation, including a program evaluation survey.
- Communicate questions or concerns about the SBCEO CASC Program to the Program Director.

District/Site Coach's Commitment:

I verify that all of 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

Yes

No

Authorized Signature: _____ Date: _____

Print Name: _____ Date: _____

Name of District/LEA/Employing Entity: _____

Contact Phone: _____ Email _____

Important Coach Applicant 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. Your name, birthdate, and social security number (SSN) are used to provide proper identification of your file and to determine your eligibility.

With the exception of your SSN, birthdate, email, and home address, information displayed on documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 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 are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Code §17520.

You have a right to review personal information maintained on you by our agency unless law exempts access. The Administrator of State Funded Programs, Professional Services Division, 1900 Capitol Ave., Sacramento, California 95811, (916) 324-8002, is responsible for the maintenance of this information.