Email: credentials@ctc.ca.gov Website: www.ctc.ca.gov

DECLARATION OF NEED FOR FULLY QUALIFIED EDUCATORS

Original Declaration of Need for year:	·	
Revised Declaration of Need for year:		
FOR SERVICE IN A SCHOOL DISTRIC	T	
Name of District:		District CDS Code:
Name of County:		County CDS Code:
By submitting this annual declaration, the	ne district is certifying the following	:
A diligent search, as defined bel	low, to recruit a fully prepared teach	er for the assignment(s) was made
 If a suitable fully prepared teach to recruit based on the priority s 		trict, the district will make a reasonable effort
held on// certifying that	t there is an insufficient number of osition(s) listed on the attached form	ration at a regularly scheduled public meeting f certificated persons who meet the district's n. The attached form was part of the agenda,
► Enclose a copy of the board agendary With my signature below, I verify that the force until June 30, Submitted by (Superintendent, Board Section 2).	the item was acted upon favorably b	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 EDUCATION, STATE AGENC	Y OR NONPUBLIC SCHOOL OR AGENCY
Name of County		County CDS Code
Name of State Agency		
Name of NPS/NPA		County of Location

The Superintendent of the County Office of specified above adopted a declaration on _such a declaration would be made, certificounty's, agency's or school's specified en	ying that there is an insuffici	ours following his or her public a ent number of certificated person	announcement that ons who meet the
Γhe declaration shall remain in force ι	ıntil June 30,		
Enclose a copy of the public annound Submitted by Superintendent, Director, or	cement		
Name	Signature		le
Fax Number	Telephone Number		Date
	Mailing Address		
	EMail Address		
This declaration must be on file with issued for service with the employing		Eredentialing before any emerge	ncy permits will be
AREAS OF ANTICIPATED NEED FOR F Based on the previous year's actual needs he employing agency estimates it will no Need for Fully Qualified Educators. This	and projections of enrollment eed in each of the identified a	t, please indicate the number of areas during the valid period of	this Declaration of
This declaration must be revised by the en the estimate by ten percent. Board approx		l number of emergency permits	applied for exceeds
Type of Emergency Permit		Estimated Number Needed	
CLAD/English Learner Autho holds teaching credential)	rization (applicant already		-
Bilingual Authorization (appli credential)	cant already holds teaching		-
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.

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:

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

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 www.cde.ca.gov 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 program	
If no, explain why you do not participate in an internship program.		

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