

CTC Use Only	

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

	CTC Use Only	VADIARI E TEDM WA	IVED DECIJEST	(WV/1 Form)		
W	Z	VARIABLE TERM WAIVER REQUEST (WV1 Form)				
typ	newritten or com			applicant. All materials must be by. This form must be used for first		
1.			county/District CDS Code 01 61259 0129932	Contact Person: Amanda Okamoto Telephone #: 510-577-9557		
	NPS/NPA (list c	county code)		EMail: amanda.okamoto@eastb		
2.	APPLICANT IN	IFORMATION:				
	Social Security	or Individual Tax Identification	n Number: 613-	54-6841		
	All applicants mus CTC, a completed Division of Profess	st answer professional fitness question I Live Scan receipt (<u>41-LS</u>) must be sional Practices will be concluded be	ns (see #11). In addition submitted with this w	on, if fingerprint clearance is not on file at vaiver request. If needed, a review by the		
	Full Legal Nam	_{ne} Tiara Ch	erelle	Patterson		
	C	First	Middle	Last		
	Former Name(s	s)	Bi	irth Date 10/22/1989		
	Applicant's Mai	iling Address 2215 E. Lelar	nd Rd #32			
	Pittsburg, C					
	Phone# 510-3	375-6392	_{Email} tiara.pa	utterson@eastbayia.org		
	·	Single Subject Mathemat	ics			
	(List the speci			assignment. Note that the subject must be		
	Assignment Ma	ath teacher, 7th Grade				
	Indicate specia	fic position and grade level (e.g. chen	nistry teacher, grades l	11-12)		
	• For	bilingual assignment list LANC	GUAGE:			
	• Is th	is a full time position?		Yes No		
		ot, indicate how many periods a gnment(s)	day the individual	will be teaching the waiver		
	• Is th	is a subsequent waiver? (see #9	of for additional info	ormation) Yes 🗸 No		

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3.	EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED
	Specific section(s) covering the assignment: T5 80021.1
4.	EFFECTIVE DATES
	Waivers are dated effective the beginning date of service. Provide the ending date of your school term, track or year below. A justification <i>must</i> be included if the expiration date extends beyond the term, track or year.
	Effective Dates (mm/dd/yyyy): 01 /08 /2018 to 06 /11 /2018
	Effective Dates (mm/dd/yyyy): $\frac{01}{\sqrt{08}} / \frac{2018}{\sqrt{11}}$ to $\frac{06}{\sqrt{11}} / \frac{2018}{\sqrt{2018}}$ Ending date of school term, track, or year: $\frac{06}{\sqrt{11}} / \frac{2018}{\sqrt{2018}}$
5.	STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS:
	a. INDICATE THE SHORTAGE AREA FOR THE ASSIGNMENT
	Special Education Driver Education and Training
	Clinical or Rehabilitative Services 30-Day Substitute
	Speech-Language Pathology Services
	b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION
	No copies are necessary if this is a recognized high incidence area.
	Advertised in local/national Contacted IHE placement centers
	newspapers Distributed job announcements
	Advertised in professional journals Internet
	Attended job fairs in California
	Attended recruitment out-of-state
	Other
	c. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE
	c. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT 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.

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6. NON STATEWIDE NON SHORTAGE AREA WAIVER REQUESTS: a. INDICATE THE LOW INCIDENCE AREA FOR THE ASSIGNMENT Administrative Services Multiple Subject Teaching Single Subject Teaching (all subject Pupil Personnel Services: Counseling, areas) Psychology, Social Work Designated Subjects – except driver Reading Specialist/Certificate education and training Teacher of English Learner Students Teacher Librarian Services b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO **FILL THIS POSITION** Copies of announcements, advertisements, web site registration, etc. **must** be attached. The employer must verify all of the Optional recruitment methods: following: Advertised in local/national newspaper Distributed job announcements Attended job fairs in California Contacted IHE placement centers Attended recruitment out-of-state Internet (i.e. www.edjoin.org) Advertised in professional journals Other c. PROVIDE DETAILED INFORMATION ABOUT THE RESULTS OF RECRUITMENT EFFORTS. BE SURE TO ANSWER EACH OF THE FOLLOWING OUESTIONS: How many individuals credentialed in the authorization of the waiver request 4 applied for the position? How many individuals credentialed in the authorization of the waiver request 4 were interviewed? What were the results of those interviews? (Please indicate answers in numbers) Applicant(s) withdrew 1 Candidate(s) declined job offer Candidate(s) found unsuitable for the assignment d. PROVIDE 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. Project based learning Curriculum development Social-emotional curriculum Heterogenous classroom management

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e. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN 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.

BA in Education, including Math education coursework.

Experience as a Math teacher in Arizona.

CBEST and NES scores.

Enrollment in National University credential program.

7. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL

List the requirements that the applicant must complete to be eligible for the credential along with the credential goal and target date by which he or she plans to complete those requirements

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE
CSET Math subtest 1	May 2018
Intern credential, through Nat'l University	June 2018
Preliminary SS Credential in Math	June 2019

8. LIST THE NAME AND POSITION OF THE PERSON ASSIGNED TO PROVIDE SUPPORT AND ASSISTANCE TO THE APPLICANT DURING THE TERM OF THIS WAIVER

By assigning this individual, the employing agency makes a commitment to provide orientation, guidance and assistance to the applicant, as feasible, in completing the requirement(s) listed above.

Name	Zach Powers	Dir. of Innovative Instruction Position	
-			

9. SUBSEQUENT WAIVER REQUESTS

- Attach a copy of a personnel evaluation that verifies the applicant served satisfactorily in the position authorized by the previous waiver.
- Attach supporting documentation

10. IS THIS EMPLOYING AGENCY GEOGRAPHICALLY ISOLATED?

Would the applicant have to travel more than 1	1/2 hours one-way	to attend an institution	with an
approved program to meet the credential goal?			

Yes No Not applicable (program completion is not a requirer

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11. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant)

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding *Professional Fitness Explanation Form*.

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.

a. Have you ever been:	
 dismissed or, non-reelected or, suspended without pay for more than ten days retired or, resigned from, or otherwise left school employ 	
because of allegations of misconduct or while al	llegations of misconduct were pending?
Yes	No No

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b. Have you ever bee You must disclose	2 2	or misdemeanor in California or any other place?	
convictions didriving under		Code Section 1203.4	
You do not have t	o disclose:		
application, exregardless of t	ŭ		
	Yes	☐ No	
	ne subject of any inquiry or i California or any other state	investigation by any law enforcement agency or any e?	
	Yes	No No	
d. Are any criminal ch	narges currently pending aga	inst you?	
	Yes	No No	
credential, license o publicly reproved, a	r other document authorizing	t not limited to, any Certificate of Clearance, permit, ag public school service, revoked, denied, suspended, any other disciplinary action (including an action the clace?	,
	Yes	No No	
suspended, and/or o	J 1	al (not teaching or educational) license revoked, denther disciplinary action (including an action that was?	ied,
	Yes	No No	

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12. CHILD ABUSE AND NEGLECT MANDATED REPORTING (to be answered by the applicant)

As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and	certify that as a	document	holder, I	will ful	lfill all the	e duties	required (of a	mandated
reporter.									

I agree			I agree
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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 #14 below, the person signing verifies that the board acted upon the item favorably.

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

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

County Office of Education, State Agency, 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.

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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 #7 above.

I understand that if my case is heard in a public meeting, all materials submitted to the Commission regarding my suitability, including grades and test scores, may be discussed.

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all of the foregoing statements in this application are true and correct.

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

15. EMPLOYING AGENCY CERTIFICATION (To be signed by district or county superintendent, personnel administrator, NPS/NPA administrator, or designee.)

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.

Signature:	
Title:	Back Office Administrator
Date:	March 16, 2018

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