OAKLAND UNIFIED SCHOOL DISTRICT

Office of the Superintendent of Schools

April 10, 2013

Legislative File	
File ID Number:	13-0573
Introduction Date:	4/10/13
Enactment Number:	13-052
Enactment Date:	4/10/13
By:	0,2

TO:

Board of Education

FROM:

Vernon Hal, Deputy Superintendent, Business and Operations

Brigitte Marshall Associate Superintendent Brigitte Marshall, Associate Superintendent, Human Resources Services and Support

SUBJECT:

Application for One (1) Certificate of Completion of Staff Development (CCSD) Variable

Term Waiver

ACTION REQUESTED

Approval by the Board of Education of Resolution No. 1213-0097, for One (1) Certificate of Completion of Staff Development (CCSD) Variable Term Waiver.

BACKGROUND

The Commission on Teacher Credentialing (CTC) has the authority to issue waiver documents to allow employers to employ or assign persons who are not appropriately credentialed for a teaching and/or administrative assignment. Waivers are issued or denied based on the Commission's established criteria and factors such as an employer's continuing needs; the support the employer will provide to the applicant; or extenuating, extraordinary and unanticipated circumstances.

The District requires all classroom teachers obtain English Learner (EL) certification; however, California Education Code, Section 44253.11, allows greater flexibility for teachers of vocational classes who hold a preliminary, clear, or life California Career Technical Education (CTE) or Designated Subjects Full-time or Part-time Vocational credential, called a Certificate of Completion of Staff Development (CCSD). This flexibility is unique to these teachers, primarily because these credentials are not based on the completion of a Bachelor's Degree, nor are they held to the Basic Skills Requirement.

The Certificate of Completion of Staff Development (CCSD) Variable Term Waiver is issued to individuals who meet the criteria stated above and do not qualify for an Emergency CLAD; thereby granting additional time to complete the requirements for a Clear Certificate of Completion of Staff Development (CCSD). The Certificate of Completion of Staff Development (CCSD) Variable Term Waiver authorizes the holder to teach Specially Designed Academic Instruction Delivered in English to English Learners (EL) within the subject matter content and grade level of the teaching credential.

DISCUSSION

The Board of Education, exercising the power of the Governing Board, may approve an application seeking a variable term waiver from the Commission on Teacher Credentialing as may be necessary for certain certificated employees of the District for a specific period of time, as follows:

 Peter M. Heckel, Certificate of Completion of Staff Development (CCSD) Variable Term Waiver, Oakland Technical High School, Grades 9-12

FISCAL IMPACT

None.

RECOMMENDATION

Approval by the Board of Education of Resolution No. 1213-0097, for One (1) Certificate of Completion of Staff Development (CCSD) Variable Term Waiver.

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Enactment Date:	4110/13
By:	OA

RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT Resolution No. 1213-0097

- In Support of One (1) Certificate of Completion of Staff Development Variable Term Waiver

WHEREAS, the Board of Education, may approve an application to the California Commission on Teacher Credentialing seeking a Variable Term Waiver as may be necessary for a certificated employee of the District for a specific period of time, and

NOW, THEREFORE, BE IT RESOLVED that approval is given supporting application to the California Commission on Teacher Credentialing for One (1) Certificate of Completion of Staff Development (CCSD) Variable Term Waiver to be issued to the following individual so he may work in the District for the 2012-2013 and 2013-2014 school years:

 Peter M. Heckel, Certificate of Completion of Staff Development (CCSD) Variable Term Waiver, Oakland Technical High School, Grades 9-12

Passed by the following vote:

AYES:

James Harris, Roseann Torres, Christopher Dobbins, Jody London

Vice President Jumoke Hinton Hodge, President David Kakishiba

NOES:

None

ABSTAINED:

None

ABSENT:

Gary Yee

I hereby certify that the foregoing is a full, true and correct copy of a Resolution passed at a Regular Meeting of the Board of Education of the Oakland Unified School District held April 10, 2013.

Edgar Rakestraw, Jr.

Secretary, Board of Education Oakland Unified School District



State Of California Commission On Teacher Credentialing Certification, Assignment and Waivers Division Attention: Waiver Unit 1900 Capitol Avenue Sacramento, CA 95811-4213 Telephone: (916) 323-7136 (voice mail for waivers only) Email: waivers@ctc.ca.gov

VARIABLE TERM WAIVER REQUEST (WV1 Form)

	quests must be prepared by the employing agen	cy, not the appl	icant. All materials must be clear				
1.	eugh to photocopy. EMPLOYING AGENCY (include mailing address)	County/District	Contact Person: Alma Morales				
	Oakland Unified School District 1011 Union Street, Oakland, CA 94607	01-61259	Telephone #: 510-879-0976				
	NPS/NPA (list county code)		EMail: alma.morales@ousd.k12.ca.us				
2.	APPLICANT INFORMATION						
	Social Security Number						
	All applicants must answer professional fitness questions CTC, a completed LiveScan receipt (41-LS) must be sur Division of Professional Practices will be concluded before	bmitted with this w	aiver request. If needed, a review by the				
	Full Legal Name Heckel	Peter	Martin Middle				
	Last	First	Middle				
	Former Name(s)	B	rth Date				
	Applicant's Mailing Address						
	Credential Needed for Waiver Certificate of	Completion of	Staff Development				
(List the specific title and subject area of the credential that authorizes the assignment. Note that the subject one that is available under current regulations.)							
Assignment ROP (Vocational) Classes: Arts, Media and Entertainment							
	Indicate specific position and grade level (e.g. chemis		[1-12]				
	 For bilingual assignment list LANGU 	JAGE: None					
	Is this a full time position?		Yes No				
	 If not, indicate how many periods a dassignment(s) 	ay the individual	will be teaching the waiver				
	• Is this a subsequent waiver? (see #9 f	for additional info	ormation) Yes No				
3.	EDUCATION CODE OR TITLE 5 SECTION TO						
	Specific section(s) covering the assignment: EC	§44253.11					
	Legislative File						

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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
	Effective Dates (mm/dd/yyyy): 8 /27 /2012 to 6 /14 /2013
	Ending date of school term, track, or year: $\frac{6}{\sqrt{14}}$
5.	STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS: No.
	a. INDICATE THE HIGH INCIDENCE AREA FOR THE ASSIGNMENT
	Special Education Driver Education and Training
	Clinical or Rehabilitative Services 30-Day Substitute
	Speech-Language Pathology Services
	 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 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.

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NU	IN STATEWIDE LOW INCIDENCE AREA WAIVE	KKE	GOE212:
a.	INDICATE THE LOW INCIDENCE AREA FOR T	HE A	SSIGNMENT
	Administrative Services		Multiple Subject Teaching
	Single Subject Teaching (all subject areas)		Pupil Personnel Services: Counseling, Psychology, Social Work
	Designated Subjects – except driver		Reading Specialist/Certificate
	education and training	\times	Teacher of English Learner Students
	Teacher Librarian Services		
b.	INDICATE WHAT WAS DONE THIS YEAR TO L FILL THIS POSITION	.OCA	TE AND RECRUIT INDIVIDUALS TO
	Copies of announcements, advertisements, web si	te reg	istration, etc. must be attached.
	The employer must verify all of the	Opti	onal 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 TO BE SURE TO ANSWER EACH OF THE FOLLOW. How many individuals credentialed in the authority applied for the position?	VING	QUESTIONS:
	applied for the position:		
	How many individuals <u>credentialed in the authorized</u> were interviewed?	zation	of the waiver request
	What were the results of those interviews? (Pleas	e ind	icate answers in numbers)
	Applicant(s) withdrew		
	Candidate(s) declined job offer		
	Candidate(s) found unsuitable for	the as	signment
ام	PROVIDE THE SPECIFIC EMPLOYMENT CRITI	FRIA	FOR THE POSITION
a.	What special skills and knowledge are needed to should also be described in your recruitment adve	succe	ssfully perform in this position? These

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.

7. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL

List the requirements that the applicant must complete to be eligible for the document named above as the credential goal and a target date by which he or she plans to complete those requirements.

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE
A Commission Approved	
Certificate of Completion of	06/30/2014
Staff Development Program	

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.

	Position Principal
Name	Position

9. SUBSEQUENT WAIVER REQUESTS

Attached is a copy of a personnel evaluation that verifies the applicant served satisfactorily in the position authorized by the previous waiver.

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 requirement)
1. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant) nswers to the following questions are required. If you answer yes to any question, you must omplete the corresponding <u>Professional Fitness Explanation Form</u> .
efore 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
ou 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 It was a misdemeanor The conviction was for reckless driving or driving under the influence 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: Failure to disclose any information requested is falsification of your application and the ommission may reject or deny your application or take disciplinary action against your document.
o you understand:
 these instructions and; that you will later declare under penalty of perjury that the information you give is true and correct and; the Commission may reject your application if it is incomplete and; the Commission may deny your application or take disciplinary action against your document if you do not disclose misconduct?
☐ Yes ☐ No

	Please check here if you have ever held any credential or license authorizing service in the public schools in another state.		
	Stat	e Type of credential	
a		ve you ever been: dismissed or, non-reelected or, suspended without pay for more than ten day retired or, resigned from, or otherwise left school	
	bed	cause of allegations of misconduct or while al	egations of misconduct were pending?
		Yes	☐ No
b	Yo		nolo contendere e Section 1203.4 s driving convictions that occurred more than two years prior to this ncentrated cannabis, which must be disclosed
		Yes	□ No
С		e you currently the subject of any inquiry or in ency or a licensing agency in California or any	vestigation by a state or federal law enforcement other state?
		Yes	☐ No
d	d. Have you <i>ever been</i> the subject an inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved children or took place on school property?		
		Yes	☐ No

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e.	. Are any criminal charges currently pending against you?		
	Yes	No	
f.	Is any disciplinary action now pending against you in any school disemployer?	strict or with any other school	
	☐ Yes ☐ 1	No	
g.	Have you ever had any credential, including but not limited to, any credential, license or other document authorizing public school serv otherwise subjected to any other disciplinary action (including an ac California or any other state or place?	ice or teaching, revoked and/or	
	Yes	No	
h.	Have you ever had any professional or vocational (not teaching or exotherwise subjected to any other disciplinary action (including an ac California or any other state or place?		
	Yes	No	
i.	Have you ever had any application for a credential, including but not limited to, any Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching denied and/or rejected for cause in California or any other state or place?		
	Yes	No	

12. 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 #14 below, the person signing verifies that there were no objections to this waiver request.

13. 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

(Sign full legal name as listed in #2)

Date

14. 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:	Secretary, Board of Education, Oakland Unified School District
Date:	

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