

OAKLAND UNIFIED SCHOOL DISTRICT
Office of the Superintendent of Schools

June 27, 2012

Legislative File	
File ID Number:	12-1721
Introduction Date:	6/27/12
Enactment Number:	
Enactment Date:	
By:	

TO: Board of Education

FROM: Anthony Smith, Ph.D., 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. 1112-0743 for one (1) WV1 application recommending approval for 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:

- Katita Johnson, Certificate of Completion of Staff Development (CCSD) Variable Term Waiver, Far West High School, Grades 9-12

FISCAL IMPACT

None.

RECOMMENDATION

Approval by the Board of Education of Resolution No. 1112-0743 for one (1) WV1 application recommending approval for Certificate of Completion of Staff Development (CCSD) Variable Term Waiver.

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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT
Resolution No. 1112-0743**

- One (1) Certificate of Completion of Staff Development (CCSD) Variable Term Waivers -

WHEREAS, the Governing Board, may approve applications 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 an application to the California Commission on Teacher Credentialing for One (1) Certificate of Completion of Staff Development (CCSD) Variable Term Waivers to be issued to the following individual so they may work in the District for the 2011-2012 and 2012-2013 school years:

- Katita Johnson, Certificate of Completion of Staff Development (CCSD) Variable Term Waiver, Far West High School, Grades 9-12

Passed by the following vote:

AYES:

NOES:

ABSTAINED:

ABSENT:

ABSENT:

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 June 27, 2012.

Edgar Rakestraw, Jr.
Secretary, Board of Education
Oakland Unified School District



VARIABLE TERM WAIVER REQUEST (WV1 Form)

Requests must be prepared by the employing agency, not the applicant. All materials must be clear enough to photocopy.

1. EMPLOYING AGENCY (include mailing address) Oakland Unified School Distirct 1025 Second Avenue, Oakland, CA 94606	County/District CDS Code 01-61259	Contact Person: Alma Morales Telephone #: 510-273-0410 E-Mail: alma.morales@ousd.k12
NPS/NPA (list county code)		

2. APPLICANT INFORMATION

Social Security Number

All applicants must answer professional fitness questions (see #11). In addition, if fingerprint clearance is not on file at CTC, a completed LiveScan receipt (41-LS) must be submitted with this waiver request. If needed, a review by the Division of Professional Practices will be concluded before a waiver approval letter will be issued.

Full Legal Name Johnson Katita
L ast First Middle

Former Name(s) _____ Birth Date 07/26/1963

Applicant's Mailing Address 3260 Knowland Ave
Oakland, CA 94619

Credential Needed for Waiver Variable Term Waiver Certificate of Completion of Staff De
 (List specific title and subject area of the credential that authorizes the assignment. Note that the subject must be one that is available under current regulations.)

Assignment Vocational Education Teacher:
 Indicate specific position and grade level (e.g. chemistry teacher, grades 11-12)

- For bilingual assignment list LANGUAGE: _____
- Is this a full time position? Yes No
- If not, indicate how many periods a day the individual will be teaching the waiver assignment(s)
- Is this a subsequent waiver? (see #9 for additional information) Yes No

3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED

Specific section(s) covering the assignment: EC §44253.11

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 *must* be included if the expiration date extends beyond the term, track or year.

Effective Dates (mm/dd/yyyy): 04 / 15 / 2012 to 06 / 30 / 2012

Ending date of school term, track, or year: 06 / 18 / 2012

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5. STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS:

a. INDICATE THE HIGH INCIDENCE AREA FOR THE ASSIGNMENT

- Special Education
- Clinical or Rehabilitative Services
- Speech-Language Pathology Services
- Driver Education and Training
- 30-Day Substitute

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 newspapers
- Advertised in professional journals
- Attended job fairs in California
- Attended recruitment out-of-state
- Contacted IHE placement centers
- Distributed job announcements
- Internet
- Other _____

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.

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 Staff	
Development Program	06/30/2013

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 _____ Position **Principal**

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.

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 requirement)

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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

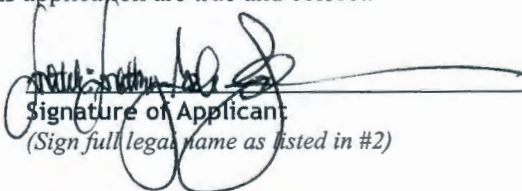
County Office of Education, State Agency, or Nonpublic, Nonsectarian School or Agency: Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that 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 6.12.12
 (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: _____