Commission On Teacher Credentialing
Classified School Employee Teacher Credentialing Program Adding New IHE Partners

Name of LEA Grantee:
Grant #:
Grant Round:
Date Revised:
Date Approved (*CTC Staff*):

Directions: Complete and submit the following to form to authorize new IHE(s) on your grant IHE partner list. Appendix E must be filled out and signed by each new IHE partner. Approval is required to spend grant funds on any participant's IHE tuition. Submit the completed form to ClassifiedGrants@ctc.ca.gov.

1. **Question 4**: Indicate the California Community College and/or California four-year public or not-for-profit institution of higher education (IHE), and a Commission-approved preparation program offered by a regionally accredited IHE partners.

Section I – IHE Partner

In the table below, list the name of the *new* IHE partner(s) where participants **will earn their BA**. Then, indicate (x) the type of IHE. Per the authorizing legislation, only California-based IHE's are eligible IHE partners.

IHE Name	Community College Partner (for BA)	Public BA	Private BA

Section II – Commission Approved Program

In the table below, list the *new* Commission-approved institution (LEA, IHE) partner(s) participants **will earn their credential**. Then, list the credential area(s) participants will be allowed to use per LEA and/or IHE partner.

Credential Area(s): Multiple Subject, Single Subject, Single Subject STEM, Special Education-Mild/Moderate, Special Education-Moderate/Severe, Multiple Subject-TK, Kindergarten, Multiple Subject Bilingual Education, Single Subject Bilingual Education, ECE

Commission Approved Program Name (LEA, IHE)	List Credential Area(s)

2. **Appendix E and Articulation Agreement**: Identify the California Community College and/or California four-year public or not-for-profit institution of higher education (IHE), and a Commission-approved preparation program offered by a regionally accredited LEA or IHE partners and **provide** a written articulation agreement. Articulation agreements should include (1) a multi-year plan for moving participants through a program of study leading to a credential 2) specific with respect to the linkages between each component of the program; and (3) designed to prevent participants from having to repeat coursework in the program.

Appendix E
LEA/IHE Partnership Agreements
Classified School Employee Teacher Credentialing Program

Administrative Approval from both the Superintendent or Authorized Administrator of the applicant local education agency (LEA) and the Authorized Administrator of the Applicant IHE Partner

*By signing below, **I affirm that articulation agreements are in effect** and will be provided as outlined in **#4 in Section II** of this application.*

Name of Signatory:	
Title of Signatory:	
LEA Signatory Represents:	
Signature: *Electronic signatures are acceptable*	
Date:	

Administrative Approval from an Authorized Administrator of the Applicant's IHE/LEA Partner(s)

It is expected that ALL IHE partners will sign these agreements.

*By signing below, **I affirm that articulation agreements** are in effect as outlined in **#4 in Section II** of this application.*

Name of Signatory:	
Title of Signatory:	
IHE/LEA Signatory Represents:	
Signature: *Electronic signatures are acceptable*	
Date:	

3. **Key Staff Table**- Provide an updated table that identifies key staff to be involved in the Classified Grant planning and implementation processes, including the position title, roles, and responsibilities from both the LEA grantee and the partner IHE(s), and the full time equivalent (FTE) of each position reflecting the amount of time they are contributing to the grant.

IHE Name	**Staff Name**	**Title**	**Role and Responsibilities**