



Acknowledgment of Participation

(Name of School District) _____ does hereby acknowledge (Name of Participant) _____ is participating in the Contra Costa County Transitional Kindergarten Stipend Project (CCTKS).

We understand that participation in the Contra Costa County Transitional Kindergarten Stipend Project allows the participant to receive reimbursement for professional development activities for TK (Priority 1) and CSPP (Priority 2) teachers to complete credit bearing coursework in early childhood education or child development. The purpose of these funds is to support the recent passage of Education Code Section 48000(g), which states:

As a condition of receipt of apportionment for pupils in a transitional kindergarten program pursuant to subdivision (g) of Section 46300, a school district or charter school shall ensure that teachers assigned to a transitional kindergarten classroom after July 1, 2015, have been issued at least one credential by the Commission on Teacher Credentialing, and shall, by August 1, 2020, have one of the following:

- (1) At least 24 units in early childhood education, or childhood development, or both.---Those teachers that you hire after July 1, 2015 have five years to obtain the 24 units....after 2020 the TK teacher must have completed 24 units upon hire.*
- (2) As determined by the local educational agency employing the teacher, professional experience in a classroom setting with preschool age children that is comparable to the 24 units of education described in paragraph (1).*
- (3) A child development permit issued by the Commission on Teacher Credentialing. Teacher Permit per FAQ's on CDE's website.*

Funding for the CCTKS project will be available through June 30, 2017 as one-time-only funding or until all available funding has been expended. Reimbursements will be made directly to the participant. Any fees associated with substitute teachers are the responsibility of the district.

Employment Declaration: *(Your Authorized District Representative must complete this section.)*

I certify under the penalty of perjury that to the best of my knowledge, the employee, _____, meets the requirements for participation in the Contra Costa County TK Stipend Project (CCTKS) and that all provided information in this declaration is true and correct. This employee has worked as a TK teacher since, ____/____/____.

Name of Authorized District Representative: _____

Signature of Authorized District Representative: _____

Date: _____

Please return the completed form to:

**Contra Costa County Office of Education
Educational Services Department - Contra Costa County LPC**