

## Portfolio Checklist Coversheet

**Participant Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Year 1: School:** \_\_\_\_\_ **Local District:** \_\_\_\_\_

**Year 2: School:** \_\_\_\_\_ **Local District:** \_\_\_\_\_

**Portfolio Review** (please use reverse side for additional comments if needed):

<p><b>Date:</b> _____ <b>Facilitator:</b> _____  <small>(Please Print Clearly)</small></p> <p><b>Facilitator Signature:</b> _____</p> <p><b>Comments:</b></p>	<b>BTSA Stamp</b>
<p><b>Date:</b> _____ <b>Facilitator:</b> _____  <small>(Please Print Clearly)</small></p> <p><b>Facilitator Signature:</b> _____</p> <p><b>Comments:</b></p>	<b>BTSA Stamp</b>
<p><b>Date:</b> _____ <b>Facilitator:</b> _____  <small>(Please Print Clearly)</small></p> <p><b>Facilitator Signature:</b> _____</p> <p><b>Comments:</b></p>	<b>BTSA Stamp</b>
<p><b>Date:</b> _____ <b>Facilitator:</b> _____  <small>(Please Print Clearly)</small></p> <p><b>Facilitator Signature:</b> _____</p> <p><b>Comments:</b></p>	<b>BTSA Stamp</b>
<p><b>Date:</b> _____ <b>Facilitator:</b> _____  <small>(Please Print Clearly)</small></p> <p><b>Facilitator Signature:</b> _____</p> <p><b>Comments:</b></p>	<b>BTSA Stamp</b>

## 2007-08 INDUCTION PORTFOLIO CHECKLIST Page 1 of 6

The following is a checklist of the requirements that you will need to complete to be recommended for the professional clear credential. You will accumulate these documents and evidence on an ongoing basis throughout the two year program. Your support provider and program coordinator will help to guide you through the completion of this process.

- The outline that follows indicates the organization you will need to use when putting together your portfolio.
- Check off each requirement as completed and be sure to add the necessary verification document or evidence to your portfolio.
- There should be one labeled tab for each numbered section (1-10).

Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description	Required Documentation	OFFICE USE ONLY Facilitator Signature/Date
Preliminary Credential	<input type="checkbox"/> Copy of (Prelim)Credential	
Induction Portfolio Checklist (this form)	<input type="checkbox"/> Checklist	
<b>Tab 1 - Orientation, Enrollment, Assignment of Support Provider</b>		
<b>Year 1</b>		
Orientation	<input type="checkbox"/> Confirmation Card	
Advisement	<input type="checkbox"/> Signed Program Planning Guide and <input type="checkbox"/> Option Selection Form	
Enrollment in the BTSA Program State District	<input type="checkbox"/> On-line State registration verification number <input type="checkbox"/> LAUSD Confirmation email	
Assignment of Support Provider	<input type="checkbox"/> Support Provider name	
Email account	<input type="checkbox"/> Email address	
<b>Year 2</b>		
Orientation	<input type="checkbox"/> Confirmation Card	
Enrollment in the BTSA Program State District	<input type="checkbox"/> On-line State registration verification number <input type="checkbox"/> LAUSD Confirmation email	
Assignment of Support Provider	<input type="checkbox"/> Support Provider name	
Email account	<input type="checkbox"/> Email address	
<b>Facilitator Comments:</b>		

## INDUCTION PORTFOLIO CHECKLIST Page 2 of 6

Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description	Required Documentation	OFFICE USE ONLY Facilitator Signature/Date
<b>Tab 2 - Seminars</b>		
Year 1 Seminars		
Seminar 1—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar 2—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar 3—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar Homework (required only for Seminar Salary Point)	<input type="checkbox"/> Homework Confirmation (optional for seminars only)	
Year 2 Seminars		
Seminar 1—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar 2—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar 3—2 hrs	<input type="checkbox"/> Confirmation Card	
Seminar Homework (required only for Seminar Salary Point)	<input type="checkbox"/> Homework Confirmation (optional for seminars only)	
<b>Facilitator Comments:</b>		

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Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description	Required Documentation	OFFICE USE ONLY Facilitator Signature/Date
<b>Tab 3 - Formative Assessment (Also meets Evidence of Growth in Standard 15)</b>		
<b>CFASST Year 1 Completion</b>		
Individual Induction Plan (IIP) #1/ IIP #1 revisions	<input type="checkbox"/> IIP1 <input type="checkbox"/> Professional Development artifacts that support IIP1 and reflect growth	
Individual Induction Plan (IIP) #2/ IIP #2 revisions	<input type="checkbox"/> IIP2 <input type="checkbox"/> Professional Development artifacts that support IIP2 and reflect growth	
CFASST Year 1 Completion (including DOP & IIPs)	<input type="checkbox"/> CFASST Year 1 Event Record signed by Support Provider	
Colloquium	<input type="checkbox"/> Confirmation Card <input type="checkbox"/> Selected Reflections	
<b>CFASST Year 2 Completion</b>		
Individual Induction Plan (IIP) #3/ IIP #3 revisions	<input type="checkbox"/> IIP3 <input type="checkbox"/> Professional Development artifacts that support IIP #3 and reflect growth	
CFASST Year 2 Completion	<input type="checkbox"/> CFASST Year 2 Event Record signed by Support Provider	
Colloquium	<input type="checkbox"/> Confirmation Card <input type="checkbox"/> Selected Reflections	
Induction Standard 15 Evidence of Growth	<input type="checkbox"/> Artifact showing evidence of growth in each element of Standard 15 (Subject Matter Competency)	
<b>Facilitator Comments:</b>		

*\* Artifacts: ie agenda from training + strategy learned + lesson plans incorporating strategy + student work sample*

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Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description	Required Documentation	OFFICE USE ONLY Facilitator Signature/Date
<b>Tab 4 - Standard 16—Technology</b>		
Induction Standard 16 Evidence of Growth	<input type="checkbox"/> Artifacts to provide evidence of growth in each element of Standard 16	
<b>Tab 5 - Standard 17—Equity and Diversity</b>		
Standard 17 Local Context Session	<input type="checkbox"/> Confirmation card	
Induction Standard 17 Evidence of Growth	<input type="checkbox"/> Artifacts to provide evidence of growth in each element of Standard 17)	
<b>Tab 6 - Standard 18—Healthy Environments</b>		
Standard 18 Local Context Session	<input type="checkbox"/> Confirmation card	
Induction Standard 18 Evidence of Growth	<input type="checkbox"/> Artifacts to provide evidence of growth in each element of Standard 18	
<b>Tab 7 - Standard 19—English Learners</b>		
Standard 19 Local Context Session	<input type="checkbox"/> P form/confirmation card	
Induction Standard 19 Evidence of Growth	<input type="checkbox"/> Artifacts to provide evidence of growth in each element of Standard 19	
<b>Tab 8 - Standard 20---Special Populations</b>		
Standard 20 Local Context Session	<input type="checkbox"/> P form/confirmation card	
Induction Standard 20 Evidence of Growth	<input type="checkbox"/> Artifacts to provide evidence of growth in each element of Standard 20	
<b>Facilitator Comments:</b>		

*\* Artifacts --- see evidence of growth inquiry prompts for each standard; if not provided evidence based on each element of standard, ie lesson plans + student work samples + analysis*

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Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description	Required Documentation	OFFICE USE ONLY Facilitator Signature/Date
<b>Tab 9 – Induction Portfolio Review, Exit Interview</b>		
Year 1		
Mid Program (Year 1) Portfolio Review	<input type="checkbox"/> BTSA Facilitator Signature	
Program Evaluation Surveys	<input type="checkbox"/> Survey Completion Printouts	
State Evaluation Survey	<input type="checkbox"/> Survey Completion Printout	
Year 2		
Final Portfolio Review and Exit Interview	<input type="checkbox"/> BTSA Facilitator Signature	
Program Evaluation Surveys	<input type="checkbox"/> Survey Completion Printouts	
State Evaluation Survey	<input type="checkbox"/> Survey Completion Printout	

## INDUCTION PORTFOLIO CHECKLIST Page 6 of 6

Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_

Component Description		
<b>Tab 10 – Additional Professional Development</b>		
<p>a. Participants who received their preliminary credential in another state or country often have additional requirements that they need to complete. Because they are considered to be a part of the California Preliminary Credential requirements they are not included in the BTSA program. These requirements will be listed on your credential. See a credential assistant for further information if needed.</p> <p>b. BTSA offers the opportunity to receive salary points in several areas in conjunction with the credential program. The requirements for salary points connected to Standards 16-20 and the seminars are included behind this tab. Additional opportunities may be posted on the BTSA website throughout the year. Click on the resources link for further information.</p> <p>c. Both an Elementary and Secondary version of the <i>Better Teaching</i> newsletter is available free of charge on the BTSA website and is updated monthly. Click on the link and then the version you would like to read.</p>	<p><b>Please note: This section is included for your convenience. However, the requirements listed in this section will not be verified by BTSA staff.</b></p>	

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**Orientation, Enrollment, Assignment of Support Provider  
Confirmation Card  
Year 1**

Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_  
School \_\_\_\_\_ Local District \_\_\_\_\_

**Confirmation of Attendance at BTSA Year One Orientation**

**Enter the date attended here and place the confirmation card behind this tab.**

**Enter Your Year One Registration Verification Number Here**

**Enter the Name of Your Year One Support Provider Here**

**Enter Your LAUSD Email Address Here**

**Orientation, Enrollment, Assignment of Support Provider  
Confirmation Card  
Year 2**

Name of Participating Teacher: \_\_\_\_\_ Employee #: \_\_\_\_\_  
School \_\_\_\_\_ Local District \_\_\_\_\_

**Confirmation of Attendance at BTSA Year Two Orientation**

**Enter the date attended here and place the confirmation card behind this Tab.**

**Enter Your Year Two Registration Verification Number Here**

**Enter the Name of Your Year Two Support Provider Here**

**Enter Your LAUSD Email Address Here**

**Additional Requirements  
Candidates Who Received Their Preliminary Credential  
Out of State or Out of Country**

**Candidates who received their preliminary credential from an institution in another state or country may have additional requirements that are not met through the BTSA program.**

**These requirements may include, but are not limited to, the following:**

\_\_\_\_\_ **subject matter competence**

\_\_\_\_\_ **developing English language skills, including reading**

\_\_\_\_\_ **provisions and principles of the U.S. Constitution**

\_\_\_\_\_ **CPR**

\_\_\_\_\_ **CBEST**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**It is the responsibility of the individual teacher to:**

- 1. Determine which of the above requirements are needed to clear their credential**
- 2. Determine if there are additional requirements not listed above in addition to the BTSA program**
- 3. Determine where they will complete the requirements**
- 4. Complete all requirements**
- 5. Maintain documentation of completion**
- 6. File for a clear credential**

**Credential analysts may assist you if you have questions regarding your additional requirements. They may be contacted at (213) 241-6520.**

**Candidate Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_