

**Classroom/Home Base Teacher  
Teacher Assistant/Tutor  
Request for Continuing Education Participation/Reimbursement**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Current Education Level:** \_\_\_\_\_

(List highest level of education, degrees & endorsements)

[Example: BA in Elementary Education with a minor in Early Childhood Education]

Do you hold an active S.D. Teacher's Certification?  YES  NO  
 Certificate on file at Central Office  
 Attach copy of current certificate

(If yes, at what level and what subjects are you certified to teach?) \_\_\_\_\_

Institution enrolled in: \_\_\_\_\_

Course to be enrolled in: \_\_\_\_\_

Date of course taken: \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

Approximate cost of course: \_\_\_\_\_ Number of credits: \_\_\_\_\_

Anticipated completion date of your qualified Plan of Action: \_\_\_\_\_

**As part of your outlined Plan of Action, please detail the Degree Program you are working on:**

- Maintain a qualified Teacher Certificate with Early Childhood/Preschool endorsement**
- Earn Added Endorsement to Teacher Certificate:**  Preschool endorsement  
 Early Childhood Development  
 Preschool Special Education  
 Other \_\_\_\_\_
- Complete a 4-year Program**  
In what qualifying area of study:  Early Childhood Education  
 Preschool Education  
 Preschool Special Education
- Complete a 2-year AA Program**  
In what qualifying area of study:  Early Childhood Education  
 Preschool Education  
 Preschool Special Education
- Complete a CDA (PA 20 Funds Only)**  
 Classroom  Maintain a qualified CDA  
 Classroom renewal  
 Home Base  Home Base Renewal

Please list any sources and amounts of funding you are receiving to cover your continuing education expenses (Example: Pell Grants, Student loans, Scholarships, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will any financial assistance received from SCCD, Inc. be used if you are receiving other financial assistance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Qualified reimbursements will be based on available funding and are subject to proof of payment and satisfactory course completion.

I understand that I will be responsible for paying back the financial assistance received if I do not maintain a "C" on course work, if I do not complete the course work, or if I do not work for the Head Start Program for 3-years after receiving this assistance in total or prorated if less than 3-years.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Office Use Only**

Tuition: \_\_\_\_\_ Approved by: \_\_\_\_\_

Other: \_\_\_\_\_ Approved by: \_\_\_\_\_

Cost Allocated to:

PA: 22        \$ \_\_\_\_\_

PA: 20        \$ \_\_\_\_\_

**Total Approved:** \$ \_\_\_\_\_

\_\_\_\_\_  
**T/TA Coordinator**

\_\_\_\_\_  
**Director**

