

**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: _____
month/day/year to 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
 Home Base

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

