**SUPPORT PROVIDER ROLES AND RESPONSIBILITIES**

**[Must be signed by each Support Provider at the time of registration**]

I understand that my work as a Support Provider is crucial to the success of the Fresno County Office of Education Beginning Teacher Support and Assessment (BTSA) Induction Program and Clear Education Specialist Induction Program (CESIP). My selection as a Support Provider is based on explicit criteria consistent with assigned responsibilities in the program and stated in the Site Administrator Nomination Form. I agree to assume certain responsibilities for ensuring and facilitating the successful implementation and operation of the Induction Program in exchange for the stipend that I will receive from my District. These roles and responsibilities include but are not limited to:

1. Commitment to work with a Participating Teacher for at least two years.
2. Work collaboratively with my assigned Participating Teacher by meeting on a set day and time a minimum of 1-2 hours per week for planning, coaching, problem solving assistance, facilitating reflective practice, completing the Formative Assessment for California Teachers (FACT) Modules. I understand that my Participating Teacher’s failure to complete modules in a timely manner will result in additional meetings with the Induction Staff and/or notification to my site administrator.
3. Provide on-site support to my Participating Teacher through lesson development, lesson observation, lesson demonstration, lesson debrief, and student work analysis as may be appropriate.
4. Participate in all Support Provider trainings, network meetings, and other related events or activities to acquire the skills needed to implement formative assessment and to provide specific support based on the California Standards for the Teaching Profession (CSTP).
5. Complete and submit to the Induction Program Director/Management designee collaboration logs and an annual Record of Professional Development as evidence of participation in professional development activities.
6. Participate in local and State evaluation activities of the Induction Program and its operation (i.e. surveys, questionnaires, and interviews).
7. Guide and assist my Participating Teacher in developing and implementing an Individual Induction Plan (IIP) and revising it periodically, and assist the Participating Teacher in collecting evidence required for credential completion within **two years** of the Formative Assessment System.
8. Attend an intake meeting and guide and assist each Participating Teacher in the development of a CESIP IIIP and Menu of Options. (Only applicable to CESIP Support Providers)
9. Assist my Participating Teacher in demonstrating application of the CSTP and State-adopted frameworks and adopted curriculum materials in one content area within the context of instructional practice, showing response to individual diverse student needs beyond what was demonstrated for the preliminary credential.
10. Understand and agree to the following: (A) a stipend may be available from my District for work performed outside of regular work hours, completion of FACT Modules, and required documentation; (B) BTSA funding is a State allocation and is subject to the availability of funds in the Annual Budget Act; (C) my failure to fully perform in accordance with this Exhibit or submit documents on time will result in a loss or reduction of the stipend; (D) the participation of the Participating Teacher in the Induction program will have no bearing on, and play no part in, the Participating Teacher’s formal evaluation process in the District; and (E) Support Provider effectiveness survey information will be collected, analyzed, and shared with applicable stakeholders, used in state reporting, and considered for future Support Provider nomination.

11. Maintain appropriate confidentiality and professional discretion concerning my work with my assigned Participating Teacher.

12. If I or the Participating Teacher is dissatisfied with the pairing, contact the FCOE Induction Program Director/Management designee within 30 calendar days from our initial contact.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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