

**CANDIDATE PARTICIPATION AND PAYMENT AUTHORIZATION**  
**TO CLEAR ADMINISTRATIVE SERVICES CREDENTIAL PROGRAM AGREEMENT**

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**INSTRUCTIONS:** This Candidate Participation and Payment Authorization ("**Authorization**") must be completed and signed for each Candidate who is participating in the Fresno County Clear Administrative Services Credential Program ("**Program**"), and delivered to the FCSS Director of Curriculum & Instruction at the address, facsimile number, or email listed above.

This Authorization is entered into pursuant to and incorporates by reference all of the terms and conditions of the Clear Administrative Services Credential Program Agreement ("**Agreement**") between the Fresno County Superintendent of Schools ("**FCSS**") and the Agency listed in Part 1 below. If there is any conflict between any provision in this Authorization and any provision in the Agreement, the provision in this Authorization shall govern but only with respect to this Authorization.

**PART 1 – CANDIDATE AND AGENCY INFORMATION.**

"Candidate" Name: Frank Palmieri

"Agency" Name: Coalinga-Huron Unified School District

"Participation Period": The two school years falling within January 1, 2018 to December 31, 2019

**PART 2 – CANDIDATE ROLES AND RESPONSIBILITIES.** Candidate agrees to and shall comply with all of the following during the Participation Period and any extension thereof:

1. Enter the Program within one (1) year of the start of Candidate's initial administrative contract. If, for any reason, Candidate is unable to participate fully in the Program, Candidate understands that he/she will need to contact his/her Coach and the FCSS Director of Curriculum & Instruction. Any extension will only be granted under extenuating circumstances (e.g., medical/family illness or emergency).
2. Is an employee of the Agency in an administrative position. At all times while Candidate participates in the Program, Candidate is and remains an employee of Agency.
3. Has or have applied for a valid California Preliminary Administrative Services Credential. **A copy of the application or credential is attached.**
4. Commit to the Program for, and complete it within, the Participation Period. If Candidate requires additional time beyond the Participation Period, Candidate must notify the FCSS Director of Curriculum & Instruction or other designated FCSS staff. Candidate understands and agrees that FCSS, in its discretion may deny or approve an extension of the Participation Period and Candidate is responsible for the cost of his/her participation in the Program beyond the Participation Period.
5. Understand that recommendation for a CASC is separate from Candidate's employment with the Agency.
6. Develop a relationship with Candidate's Coach characterized by openness, sharing, and reflection.
7. Meet with Candidate's Coach a minimum of four-and-a-half hours per month.
8. Attend all professional development and coaching sessions as scheduled. Arriving late or leaving early may necessitate a make-up of the session and may jeopardize Candidate's participation in the Program.
9. Complete and revise, as needed, Individual Leadership Plans ("**ILP**"), and assemble ILP via an e-Portfolio of growth and application based on the California Professional Standards for Educational Leaders ("**CPSELS**").
10. Participate in the formative assessment system (including collaborative logs, ILP, observations) in a reflective manner to guide Candidate's growth as an administrator.
11. Understand that information gathered regarding practice/performance is confidential. Information regarding Candidate's completion of the Program may be shared with FCSS and Agency and site or program administrators.

12. Attend Coaching and Professional Learning sessions as follows: (A) Coaching sessions: monthly September-May, for a minimum of 9 four-and-a-half-hour sessions per year; (B) Candidate Cohort sessions: offered 4 times per year, Candidate must attend 3 sessions; (C) Professional Learning: 6 full-day sessions offered in 2 year program, Candidate must attend 4 sessions, or Candidates may attend Professional Learning approved by Coach and CASC Program Coordinator that meets the 40 program requirement during the 2 year program; and (D) One four-hour job shadowing session or one-day California distinguished school visit.
13. Attend scheduled meetings and interact with assigned Coach through email and phone contact as needed.
14. Communicate questions or concerns about the Program by following the communication protocol.
15. Participate in the Program evaluation process and comply with reporting procedures.
16. Notify Candidate's Coach, the FCSS Program Director of Curriculum & Instruction, and Agency if Candidate intends to withdraw from the Program before the expiration of the Participation Period or Candidate's completion of the Program.
17. Understand that the FCSS Director of Curriculum & Instruction and/or Agency may, after written notice is provided to Candidate, terminate Candidate's participation in the Program and terminate this Authorization if Candidate repeatedly fails to participate in or meet the requirements of the Program, or based on other grounds. If Candidate objects to the termination, Candidate shall provide such objection to the terminating Party within 15 days of the date of the terminating Party's termination notice. If no timely objection is received by the terminating Party within the 15 days and unless FCSS, Agency, and Candidate agree on a different date in which case Candidate's participation in the Program and this Authorization shall terminate effective 12:00 midnight on such date, Candidate's participation in the Program and the applicable Authorization shall terminate effective 12:00 midnight on the date of withdrawal stated in the terminating Party's notice of termination.
18. Authorize and acknowledge that FCSS may release all of Candidate's Program records and/or any information contained therein to the Commission on Teacher Credentialing to facilitate Candidate's completion of the Program, and as required by the Commission on Teacher Credentialing.
19. Acknowledge having received from FCSS a "Notification of Rights Under FERPA" regarding Candidate's Program records.
20. Authorize and acknowledge that if Agency is paying all or a part of Candidate's Program Fee, FCSS may release all of Candidate's Program records and/or any information contained therein to Agency, to determine amount and conditions of funding, and to assess progress toward completion of the Program.

**PART 3 – PROGRAM FEE.** As full consideration and compensation to FCSS for Candidate's participation in the Program, and FCSS' implementation of the Program and performance of those obligations required of FCSS' under the Agreement, the Program Fee shall be paid to FCSS in accordance with the following:

PLAN (mark each Plan and complete as applicable):

- ☐ PLAN A – AGENCY. Agency agrees to and shall pay to FCSS the Program Fee of \$3,500.<sup>00</sup> in accordance with the following: Two equal installments, the first installment to be paid within 30 days of the date on which Candidate participates in the orientation for the first school year within the Participation Period and the second installment to be paid within 30 days of the orientation for the second school year in the Participation Period.
- ☐ PLAN B – CANDIDATE. Candidate agrees to and shall pay to FCSS the Program Fee \$500.<sup>00</sup> in accordance with the following: Two equal installments, the first installment to be paid within 30 days of the date on which Candidate participates in the orientation for the first school year within the Participation Period and the second installment to be paid within 30 days of the orientation for the second school year in the Participation Period
- ☐ PLAN C – OTHER. Payment of the Program Fee shall be as follows: \_\_\_\_\_

OTHER TERMS AND CONDITIONS (leave blank if none):

#### PART 4 – APPROVALS AND SIGNATURES

##### CANDIDATE

By signing below, I agree to participate in the Program, and have carefully reviewed and understand the terms and conditions in Parts 2 and 3 and agree to comply with such terms and conditions.

Sign:  Print Name: FRANK PALMERI Date: 1/10/18

##### AGENCY

By signing below, I recommend and approve Candidate to participate in the Program and agree on behalf of Agency that Agency will ensure that Candidate complies with the requirements in Parts 2 and 3. I represent that I am authorized to execute on behalf of and to bind the Agency to this Authorization.

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

##### FCSS - FCSS SENIOR DIRECTOR OF CURRICULUM & INSTRUCTION/DESIGNEE

By signing below, I approve the Candidate to participate in the Program.

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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