



Commission on Teacher Credentialing  
Certification Division  
ATTN: Waiver Unit  
1900 Capitol Avenue  
Sacramento, CA 95811-4213

Email: [waivers@ctc.ca.gov](mailto:waivers@ctc.ca.gov)  
Website: [www.ctc.ca.gov](http://www.ctc.ca.gov)

CTC Use Only

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W	Z

## VARIABLE TERM WAIVER REQUEST (WV1 Form)

Requests must be prepared by the employing agency, not the applicant. All materials must be typewritten or computer generated and sufficiently clear to photocopy. This form must be used for **first time and subsequent** waivers only.

<b>1. EMPLOYING AGENCY</b> (include mailing address) <u>La Cañada Unified School District</u> <u>4490 Cornishon Ave.</u> <u>La Cañada, CA 91011</u> NPS/NPA (list county code _____)	<b>County/District</b> CDS Code <u>19/64659</u>	<b>Contact Person:</b> <u>Danielle Newcom</u> <u>Exec. Secretary, HR</u> Telephone #: <u>(818) 952-9389</u> Email: <u>dnewcom@lcsd.net</u>
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### 2. APPLICANT INFORMATION:

Social Security or Individual Tax Identification Number:

*All applicants must answer professional fitness questions (see #11). In addition, if fingerprint clearance is not on file at CTC, a completed Live Scan receipt (41-LS) must be submitted with this waiver request. If needed, a review by the Division of Professional Practices will be concluded before a waiver approval letter will be issued.*

Full Legal Name Carolyn Marie Sion  
First Middle Last

Former Name(s) \_\_\_\_\_ Birth Date \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Phone# \_\_\_\_\_ Email csion@lcsd.net

Waiver Title Adapted Physical Education Credential

(List the specific title and subject area of the credential that authorizes the assignment. Note that the subject must be one that is available under current regulations.)

Assignment Elementary Physical Education / Adapted Physical Education  
Indicate specific position and grade level (e.g. chemistry teacher, grades 11-12) Teacher (K-6)

- For bilingual assignment list LANGUAGE: \_\_\_\_\_
- Is this a full time position? ☒ Yes ☐ No
- If not, indicate how many periods a day the individual will be teaching the waiver assignment(s) Regular PE 80%, Adapted PE 20%
- Is this a subsequent waiver? (see #9 for additional information) ☐ Yes ☒ No

**3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED**

Specific section(s) covering the assignment: TS § 80046.1

**4. EFFECTIVE DATES**

Waivers are dated effective the beginning date of service. Provide the ending date of your school term, track or year below. A justification *must* be included if the expiration date extends beyond the term, track or year.

Effective Dates (mm/dd/yyyy): 08 / 14 / 2018 to 06 / 06 / 2019

Ending date of school term, track, or year: 06 / 06 / 2019

**5. STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS:**

**a. INDICATE THE SHORTAGE AREA FOR THE ASSIGNMENT**

- |                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Special Education        | <input type="checkbox"/> Driver Education and Training |
| <input type="checkbox"/> Clinical or Rehabilitative Services | <input type="checkbox"/> 30-Day Substitute             |
| <input type="checkbox"/> Speech-Language Pathology Services  |                                                        |

**b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION**

No copies are necessary if this is a recognized high incidence area.

- |                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Advertised in local/national newspapers | <input type="checkbox"/> Contacted IHE placement centers |
| <input type="checkbox"/> Advertised in professional journals     | <input type="checkbox"/> Distributed job announcements   |
| <input type="checkbox"/> Attended job fairs in California        | <input checked="" type="checkbox"/> Internet             |
| <input type="checkbox"/> Attended recruitment out-of-state       |                                                          |

Other \_\_\_\_\_

**c. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE**

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

*Please see attached letter and documents.*

**6. NON STATEWIDE NON SHORTAGE AREA WAIVER REQUESTS:**

**a. INDICATE THE LOW INCIDENCE AREA FOR THE ASSIGNMENT**

- |                                                                                     |                                                                                        |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Administrative Services                                    | <input type="checkbox"/> Multiple Subject Teaching                                     |
| <input type="checkbox"/> Single Subject Teaching (all subject areas)                | <input type="checkbox"/> Pupil Personnel Services: Counseling, Psychology, Social Work |
| <input type="checkbox"/> Designated Subjects – except driver education and training | <input type="checkbox"/> Reading Specialist/Certificate                                |
| <input type="checkbox"/> Teacher Librarian Services                                 | <input type="checkbox"/> Teacher of English Learner Students                           |

**b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION**

Copies of announcements, advertisements, web site registration, etc. **must** be attached.

The employer must verify **all** of the following:

- ☐ Distributed job announcements
- ☐ Contacted IHE placement centers
- ☐ Internet (i.e. [www.edjoin.org](http://www.edjoin.org))

Optional recruitment methods:

- ☐ Advertised in local/national newspaper
- ☐ Attended job fairs in California
- ☐ Attended recruitment out-of-state
- ☐ Advertised in professional journals

Other \_\_\_\_\_

**c. PROVIDE DETAILED INFORMATION ABOUT THE RESULTS OF RECRUITMENT EFFORTS. BE SURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS:**

How many individuals credentialed in the authorization of the waiver request applied for the position? \_\_\_\_\_

How many individuals credentialed in the authorization of the waiver request were interviewed? \_\_\_\_\_

What were the results of those interviews? (Please indicate answers in numbers)

- \_\_\_\_\_ Applicant(s) withdrew
- \_\_\_\_\_ Candidate(s) declined job offer
- \_\_\_\_\_ Candidate(s) found unsuitable for the assignment

**d. PROVIDE THE SPECIFIC EMPLOYMENT CRITERIA FOR THE POSITION**

What special skills and knowledge are needed to successfully perform in this position? These should also be described in your recruitment advertisements and announcements.

**e. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE**

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

**7. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL**

List the requirements that the applicant must complete to be eligible for the credential along with the credential goal and target date by which he or she plans to complete those requirements

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE
Point Loma Nazarene University	End of 2018-19
Adapted Physical Education	School Year
Added Authorization Program	

**8. LIST THE NAME AND POSITION OF THE PERSON ASSIGNED TO PROVIDE SUPPORT AND ASSISTANCE TO THE APPLICANT DURING THE TERM OF THIS WAIVER**

By assigning this individual, the employing agency makes a commitment to provide orientation, guidance and assistance to the applicant, as feasible, in completing the requirement(s) listed above.

Name Mary Holt Position PE Teacher  
with support from Ted Armstrong Adapted PE Teacher

**9. SUBSEQUENT WAIVER REQUESTS**

- Attach a copy of a personnel evaluation that verifies the applicant served satisfactorily in the position authorized by the previous waiver.
- Attach supporting documentation

**10. IS THIS EMPLOYING AGENCY GEOGRAPHICALLY ISOLATED?**

Would the applicant have to travel more than 1 1/2 hours one-way to attend an institution with an approved program to meet the credential goal?

☐ Yes ☒ No ☐ Not applicable (program completion is not a requirement)

# 11. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant)

Answers to the following questions are required. **If you answer yes to any question, you must complete the corresponding Professional Fitness Explanation Form.**

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:**

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired or,
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

☐

Yes

☐

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- Infractions (DUI or reckless driving convictions are not infractions)

☐ Yes

☐ No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

☐ Yes

☐ No

d. Are any criminal charges currently pending against you?

☐ Yes

☐ No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprimanded, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☐ No

f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☐ No

**12. CHILD ABUSE AND NEGLECT MANDATED REPORTING (to be answered by the applicant)**

As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a document holder, I will fulfill all the duties required of a mandated reporter.

☐ I agree

**13. PUBLIC NOTICE -- CHECK THE BOX THAT APPLIES**

☒ **Public School District:** Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or his or her designee in item #14 below, the person signing verifies that the board acted upon the item favorably.

By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made in the following order:

1. A candidate who is qualified to participate in an approved internship program in the region of the school district
2. An individual who is scheduled to complete initial preparation requirements within six months

☐ **County Office of Education, State Agency, or Nonpublic, Nonsectarian School or Agency:** Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or administrator or his or her designee in item #15 below, the person signing verifies that there were no objections to this waiver request.

#### 14. APPLICANT'S CERTIFICATION

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #7 above.

I understand that if my case is heard in a public meeting, all materials submitted to the Commission regarding my suitability, including grades and test scores, may be discussed.

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all of the foregoing statements in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

(Sign full legal name as listed in #2)

\_\_\_\_\_  
Date

#### 15. EMPLOYING AGENCY CERTIFICATION *(To be signed by district or county superintendent, personnel administrator, NPS/NPA administrator, or designee.)*

The person for whom this waiver is requested will not be employed until he or she has been cleared by the Department of Justice under the provisions of Education Code Section 44332.6 and Section 44830.1 (AB1612). The employer acknowledges that the Commission's final approval of this individual's waiver will be determined by a fitness review covering, in part, criminal activity, including certain in-state and/or out-of-state convictions. If this waiver request is for service to special education children, the Special Education Local Planning Area (SELPA) has been notified of our intent to request this waiver.

I certify under penalty of perjury that the information provided in this report is accurate and complete.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Executive Director of Personnel Services*

Date: \_\_\_\_\_



Wendy K. Sinnette  
Superintendent

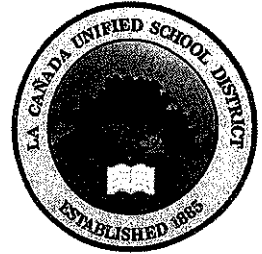
Anais Wenn  
Associate Superintendent  
Educational Services

Mark Evans  
Associate Superintendent  
Business & Administrative Services

Jamie Lewsadder  
Chief Technology Officer

## La Cañada Unified School District

...a learning community committed to personal growth and  
academic excellence



September 25, 2018

Commission on Teacher Credentialing  
Certification Division  
ATTN: Waiver Unit  
1990 Capitol Avenue  
Sacramento, CA 95811-4213

Re: Variable Term Waiver Request for Carolyn M. Sion

Dear Sir or Madam:

La Cañada Unified School District is requesting that a waiver be granted to Carolyn M. Sion (SEID #7020151960) in the high incidence area of adapted physical education. Mrs. Sion is the sole physical education teacher at Palm Crest Elementary School, and as part of her assignment, she must provide adapted physical education services to the special needs population at the school site.

This is the first year that Mrs. Sion has been employed with the District. At the time the elementary PE teacher position was vacant, the District flew a posting on EdJoin for an elementary PE teacher with adapted PE authorization. Of the eight persons who applied, four held current physical education credentials and one was internship eligible. None of the candidates held an adapted PE authorization. Interviews were offered to the five eligible candidates. The interview panel and administrators selected Mrs. Sion as the best fit for the elementary position, considering her educational background, previous work experience in PE and adapted PE environments, and the fact that she previously held an adapted PE authorization in Rhode Island.

LCUSD offered a contract to Mrs. Sion with the understanding that she would pursue a California adapted PE certification immediately. Her first day of employment was August 14, 2018, and at the same time, she enrolled in the Point Loma Nazarene University Adapted Physical Education Added Authorization Program. This program is set up in such a way that it may be completed within six to nine months. Mrs. Sion is confident that she will complete the program by the end of the 2018-19 school year.

Because Mrs. Sion has previous out-of-state certification and work experience in adapted PE, and because she is currently enrolled in an adapted physical education certification program that will be completed by June 2019, LCUSD respectfully asks that the Commission on Teacher Credentialing grant a waiver in adapted physical education to Mrs. Sion for the 2018-19 school year.

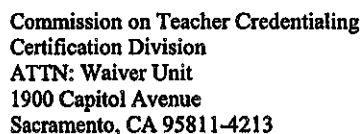
If you have any questions regarding the information in this letter or the waiver application, please do not hesitate to contact me at (818) 952-8383.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Debra Cradduck", with a long horizontal line extending to the right.

Dr. Debra Cradduck  
Executive Director, Personnel Services

DC:dn



**Email:** [waivers@ctc.ca.gov](mailto:waivers@ctc.ca.gov)  
**Website:** [www.ctc.ca.gov](http://www.ctc.ca.gov)

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## VARIABLE TERM WAIVER REQUEST (WV1 Form)

Requests must be prepared by the employing agency, not the applicant. All materials must be typewritten or computer generated and sufficiently clear to photocopy. This form must be used for **first time and subsequent waivers only.**

<p>1. EMPLOYING AGENCY (include mailing address)</p> <p>La Cañada Unified School District          4490 Cornichon Ave.          La Cañada, CA 91011</p> <p>NPS/NPA (list county code _____)</p>	<p>County/District</p> <p>CDS Code</p> <p>19/64659</p>	<p>Contact Person:</p> <p>Danielle Newcom          Exec. Secretary, HR          Telephone #: (818) 952-8385</p> <p>Email: dnewcom@lcsd.net</p>
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**2. APPLICANT INFORMATION:**

**Social Security or Individual Tax Identification Number:**

*All applicants must answer professional fitness questions (see #11). In addition, if fingerprint clearance is not on file at CTC, a completed Live Scan receipt (41-LS) must be submitted with this waiver request. If needed, a review by the Division of Professional Practices will be concluded before a waiver approval letter will be issued.*

Full Legal Name Andrew Struthers Leavins  
First Middle Last

Former Name(s) \_\_\_\_\_ Birth Date \_\_\_\_\_

**Applicant's Mailing Address** \_\_\_\_\_

Phone# \_\_\_\_\_ Email a.leavins@lousd.net

Waiver Title Adapted Physical Education Credential  
(List the specific title and subject area of the credential that authorizes the assignment. Note that the subject must be one that is available under current regulations.)

Assignment Elementary Physical Education/Adapted Physical Education  
Indicate specific position and grade level (e.g. chemistry teacher, grades 11-12) Teacher (K-6)

- For bilingual assignment list LANGUAGE: \_\_\_\_\_
- Is this a full time position? ☒ Yes ☐ No
- If not, indicate how many periods a day the individual will be teaching the waiver assignment(s) Regular PE 80%, Adapted PE 20%
- Is this a subsequent waiver? (see #9 for additional information) ☐ Yes ☒ No

**3. EDUCATION CODE OR TITLE 5 SECTION TO BE WAIVED**

Specific section(s) covering the assignment: T5 § 80046.1

**4. EFFECTIVE DATES**

Waivers are dated effective the beginning date of service. Provide the ending date of your school term, track or year below. A justification *must* be included if the expiration date extends beyond the term, track or year.

Effective Dates (mm/dd/yyyy): 08 / 14 / 2018 to 06 / 06 / 2019

Ending date of school term, track, or year: 06 / 06 / 2019

**5. STATEWIDE HIGH INCIDENCE AREA WAIVER REQUESTS:**

**a. INDICATE THE SHORTAGE AREA FOR THE ASSIGNMENT**

- |                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Special Education        | <input type="checkbox"/> Driver Education and Training |
| <input type="checkbox"/> Clinical or Rehabilitative Services | <input type="checkbox"/> 30-Day Substitute             |
| <input type="checkbox"/> Speech-Language Pathology Services  |                                                        |

**b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION**

No copies are necessary if this is a recognized high incidence area.

- |                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Advertised in local/national newspapers | <input type="checkbox"/> Contacted IHE placement centers |
| <input type="checkbox"/> Advertised in professional journals     | <input type="checkbox"/> Distributed job announcements   |
| <input type="checkbox"/> Attended job fairs in California        | <input checked="" type="checkbox"/> Internet             |
| <input type="checkbox"/> Attended recruitment out-of-state       |                                                          |

Other \_\_\_\_\_

**c. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE**

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

*Please see attached letter and documents.*

**6. NON STATEWIDE NON SHORTAGE AREA WAIVER REQUESTS:**

**a. INDICATE THE LOW INCIDENCE AREA FOR THE ASSIGNMENT**

- |                                                                                     |                                                                                        |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Administrative Services                                    | <input type="checkbox"/> Multiple Subject Teaching                                     |
| <input type="checkbox"/> Single Subject Teaching (all subject areas)                | <input type="checkbox"/> Pupil Personnel Services: Counseling, Psychology, Social Work |
| <input type="checkbox"/> Designated Subjects – except driver education and training | <input type="checkbox"/> Reading Specialist/Certificate                                |
| <input type="checkbox"/> Teacher Librarian Services                                 | <input type="checkbox"/> Teacher of English Learner Students                           |

**b. INDICATE WHAT WAS DONE THIS YEAR TO LOCATE AND RECRUIT INDIVIDUALS TO FILL THIS POSITION**

Copies of announcements, advertisements, web site registration, etc. **must** be attached.

The employer must verify **all** of the following:

- ☐ Distributed job announcements
- ☐ Contacted IHE placement centers
- ☐ Internet (i.e. [www.edjoin.org](http://www.edjoin.org))

Optional recruitment methods:

- ☐ Advertised in local/national newspaper
- ☐ Attended job fairs in California
- ☐ Attended recruitment out-of-state
- ☐ Advertised in professional journals

Other \_\_\_\_\_

**c. PROVIDE DETAILED INFORMATION ABOUT THE RESULTS OF RECRUITMENT EFFORTS. BE SURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS:**

How many individuals credentialed in the authorization of the waiver request applied for the position? \_\_\_\_\_

How many individuals credentialed in the authorization of the waiver request were interviewed? \_\_\_\_\_

What were the results of those interviews? (Please indicate answers in numbers)

- \_\_\_\_\_ Applicant(s) withdrew
- \_\_\_\_\_ Candidate(s) declined job offer
- \_\_\_\_\_ Candidate(s) found unsuitable for the assignment

**d. PROVIDE THE SPECIFIC EMPLOYMENT CRITERIA FOR THE POSITION**

What special skills and knowledge are needed to successfully perform in this position? These should also be described in your recruitment advertisements and announcements.

**e. IF THIS IS AN INITIAL WAIVER REQUEST, EXPLAIN WHAT MAKES THE APPLICANT THE BEST CANDIDATE**

Include detailed information about the individual's professional preparation and expertise in the subject/area requested and attach appropriate documentation including transcripts, examination score reports, and verification of experience.

**7. REQUIREMENTS AND TARGET COMPLETION DATES FOR REACHING CREDENTIAL GOAL**

List the requirements that the applicant must complete to be eligible for the credential along with the credential goal and target date by which he or she plans to complete those requirements

PROGRAM, COURSE, EXAMINATION, EXPERIENCE	TARGET COMPLETION DATE
Point Loma Nazarene University	End of 2018-19
Adapted Physical Education	School Year
Added Authorization Program	

**8. LIST THE NAME AND POSITION OF THE PERSON ASSIGNED TO PROVIDE SUPPORT AND ASSISTANCE TO THE APPLICANT DURING THE TERM OF THIS WAIVER**

By assigning this individual, the employing agency makes a commitment to provide orientation, guidance and assistance to the applicant, as feasible, in completing the requirement(s) listed above.

Name Mary Holt  
with support from Ted Armstrong

Position PE Teacher  
Adapted PE Teacher

**9. SUBSEQUENT WAIVER REQUESTS**

- Attach a copy of a personnel evaluation that verifies the applicant served satisfactorily in the position authorized by the previous waiver.
- Attach supporting documentation

**10. IS THIS EMPLOYING AGENCY GEOGRAPHICALLY ISOLATED?**

Would the applicant have to travel more than 1 1/2 hours one-way to attend an institution with an approved program to meet the credential goal?

☐ Yes ☒ No ☐ Not applicable (program completion is not a requirement)

# 11. PROFESSIONAL FITNESS QUESTIONS (to be answered by the applicant)

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding Professional Fitness Explanation Form.

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
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- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



**WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:**

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.

a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired or,
- resigned from, or otherwise left school employment

because of allegations of misconduct or while allegations of misconduct were pending?

☐

Yes

☒

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- Infractions (DUI or reckless driving convictions are not infractions)

☐ Yes

☒ No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

☐ Yes

☒ No

d. Are any criminal charges currently pending against you?

☐ Yes

☒ No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☒ No

f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

☐ Yes

☒ No



## 12. CHILD ABUSE AND NEGLECT MANDATED REPORTING (to be answered by the applicant)

As a document holder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a document holder, I will fulfill all the duties required of a mandated reporter.

☒ I agree

## 13. PUBLIC NOTICE -- CHECK THE BOX THAT APPLIES

- ☒ **Public School District:** Attached is a copy of the agenda item presented to the governing board of the school district in a public meeting showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or his or her designee in item #14 below, the person signing verifies that the board acted upon the item favorably.

By submitting this waiver request the district is certifying that reasonable efforts to recruit a fully prepared teacher for the assignment(s) were made in the following order:

1. A candidate who is qualified to participate in an approved internship program in the region of the school district
2. An individual who is scheduled to complete initial preparation requirements within six months

- ☐ **County Office of Education, State Agency, or Nonpublic, Nonsectarian School or Agency:** Attached is a dated copy of the notice that was posted at least 72 hours before the position was filled showing the name of the applicant, the specific assignment including subject and grade level, and the fact that employment will be on the basis of a credential waiver. With the signature of the superintendent or administrator or his or her designee in item #15 below, the person signing verifies that there were no objections to this waiver request.

#### 14. APPLICANT'S CERTIFICATION

I understand that in order to receive a subsequent waiver for this assignment I must pursue the completion of requirements to obtain full certification in the subject or area covered by this waiver request as specified in #7 above.

I understand that if my case is heard in a public meeting, all materials submitted to the Commission regarding my suitability, including grades and test scores, may be discussed.

I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all of the foregoing statements in this application are true and correct.


  
\_\_\_\_\_  
Signature of Applicant  
(Sign full legal name as listed in #2)

9-20-18  
\_\_\_\_\_  
Date

#### 15. EMPLOYING AGENCY CERTIFICATION *(To be signed by district or county superintendent, personnel administrator, NPS/NPA administrator, or designee.)*

The person for whom this waiver is requested will not be employed until he or she has been cleared by the Department of Justice under the provisions of Education Code Section 44332.6 and Section 44830.1 (AB1612). The employer acknowledges that the Commission's final approval of this individual's waiver will be determined by a fitness review covering, in part, criminal activity, including certain in-state and/or out-of-state convictions. If this waiver request is for service to special education children, the Special Education Local Planning Area (SELPA) has been notified of our intent to request this waiver.

I certify under penalty of perjury that the information provided in this report is accurate and complete.

Signature: \_\_\_\_\_  
Title: Executive Director of Personnel Services  
Date: September 25, 2018

Wendy K. Sinnette  
Superintendent

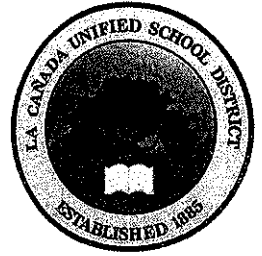
Anaïs Wenn  
Associate Superintendent  
Educational Services

Mark Evans  
Associate Superintendent  
Business & Administrative Services

Jamie Lewsadder  
Chief Technology Officer

## La Cañada Unified School District

...a learning community committed to personal growth and  
academic excellence



September 25, 2018

Commission on Teacher Credentialing  
Certification Division  
ATTN: Waiver Unit  
1990 Capitol Avenue  
Sacramento, CA 95811-4213

Re: Variable Term Waiver Request for Andrew S. Leavins

Dear Sir or Madam:

La Cañada Unified School District is requesting that a waiver be granted to Andrew S. Leavins (SEID #3628348462) in the high incidence area of adapted physical education. Mr. Leavins is the sole physical education teacher at Paradise Canyon Elementary School, and as part of his assignment, he must provide adapted physical education services to the special needs population at the school site.

This is the second year that Mr. Leavins has been employed with the District. At the time the elementary PE teacher position was vacant, the District flew a dual posting on EdJoin for either an elementary or secondary PE teacher with adapted PE authorization. Of the 31 applicants, only 15 had current physical education credentials. Moreover, of those 15, only two applicants had an adapted physical education credential, one of whom was a current LCUSD employee. A panel interviewed seven applicants for two open positions, one elementary and one secondary, including the current LCUSD employee. The panel and administrators selected Mr. Leavins as the best fit for the elementary position, considering his educational background, preference for the elementary level, and similarity of teaching structure to the current model.

As Mr. Leavins was still finishing his credentialing program at Azusa Pacific University at the time, an employment contract was offered to him with the understanding that he would pursue an adapted PE certification immediately upon completion of his credentialing and master's program. Mr. Leavins began employment with LCUSD on August 10, 2017 solely as an elementary PE teacher, and an itinerant adapted PE teacher provided the adapted PE services for the school site for the 2017-18 school year. He completed his credentialing program at APU and was granted a preliminary single subject credential in PE on January 17, 2018.

At the beginning of the 2018-19 school term Mr. Leavins enrolled in the Point Loma Nazarene University Adapted Physical Education Added Authorization Program. This program is set up in such a way that it may be completed within six to nine months. Mr. Leavins is confident that he will complete the program by the end of the 2018-19 school year.

Because Mr. Leavins has proven himself to be an exemplary student, as seen by his Azusa Pacific University transcripts, and because he is currently enrolled in an adapted physical education certification program that will be completed by June 2019, LCUSD respectfully asks that the Commission on Teacher Credentialing grant a waiver in adapted physical education to Mr. Leavins for the 2018-19 school year.

If you have any questions regarding the information in this letter or the waiver application, please do not hesitate to contact me at (818) 952-8383.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Debra Cradduck", with a long horizontal flourish extending to the right.

Dr. Debra Cradduck  
Executive Director, Personnel Services

DC:dn