



Teacher Induction Program and Support 501 South Santa Fe Avenue Compton, CA 90221 Phone: 310-639-4321 x55077



TEACHER INDUCTION PROGRAM AND SUPPORT (TIPS)

Application and Consent Form

1.	Print Legal Name:	
	Address:	
	Email:	
	School Site:	
	Room No.: Extension No	
		_
2.	What is your gender?	ONonbinary ODecline to State
3.	What is your birth date?//	-
4.	Are you Hispanic or Latino? Yes No	
5.	What is your race? Mark all that apply.	
	African American	OJapanese
	OAmerican Indian or Alaska Native	Korean
	Asian Indian	○ Laotian
	Chinese	Samoan
	Cambodian	OTahitian OTahitian
	○ Filipino	OWhite
	Hawaiian	Other

	Candidate's Signature		Date	
Comp	ton's TIPS program this sch	nool year	·	
l verif	y to the correctness of all	information sta	ted above and I agree to participate in the	
	SSN will be used to inform	n your credent	ial status and eligibility for teacher induction.	
9.				
0	Special Education (Specify, e.g. SDC, RSP):			
	Single Subject (Specify):			
		O High Sch		
		○ Middle S		
	Multiple Subjects:			
	options that best describ			
8.	What subject(s) are you assigned to teach this year? (Mark all that apply- select the			
	Outside U.S. Which institution/country?			
	Outside California. Which institution/State?			
	O Private Institution			
	CSU			
	UC			
	OIn California. Name t	he specific cam	pus or district.	
7.	Where did you receive yo	our teaching pro	eparation?	
	Date expires:			
	Date of issue:			
	OPreliminary Single Su	ıbject	Other	
	O Preliminary Multiple	-	 Education Specialist Instruction 	
6.	What type of credential of	do you currentl	y hold?	