



**Division of Educational Services
School of Education**

**Clear Administrative Services Credential Program
District Supervisor Acknowledgement Form**

Candidate Information

Name (First, Middle, Last): _____

Last Four Digits of SSN: XXX-XX-_____ Date of Birth (MM/DD/YYYY): _____

Current Position Title: _____

School or Worksite Name: _____

School District: _____

Primary Contact Phone Number: _____

To Be Completed By District Supervisor

I am the above named candidate's immediate supervisor and certify that he/she is employed in a position that requires a Clear Administrative Services Credential [Ed Code 44270(b) and 44270(a)(2)]. I will support the candidate in the development of an Individualized Induction Plan.

Name (Print First and Last Name): _____

Signature: _____ Date: _____

Title: _____