



**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: \_\_\_\_\_