
TPA/TPE Guidelines for Returning Candidates

Part I: STUDENT INFORMATION

Name (Last, First, Middle Initial) CSUSM Student ID

CSUSM Email Daytime Phone Number

Address (Street, City, Zip Code)

Part II: TPA INFORMATION

Beginning July 1, 2008 all California credential candidates must successfully complete a state-approved system of teacher performance assessment (TPA), to be embedded in the credential program of preparation. At CSUSM this assessment system is called the CalTPA(TPA).

For credential candidates who started their credential program prior to July 1, 2008 but left the program on a leave of absence but wish to return, the following guidelines will be used to determine whether or not they take the TPA:

Teacher candidates will be exempted from TPA's if:

- Yes No 1. The teacher candidate was admitted to the credential program prior to July 1, 2008 and;
- Yes No 2. The teacher candidate filed for a formal leave of absence and does need to reapply to the university for admission and;
- Yes No 3. The teacher candidate completed and met program requirements for at least the equivalent of first semester coursework, Clinical Practice I and met all the TPEs associated with the courses already taken and;
- Yes No 4. The courses taken toward the credential were taken no more than seven (7) years ago.
- Yes No 5. Currently have a California credential.

A teacher candidate meeting the above exemption criteria will continue with the program and complete all TPEs in the same manner as teacher candidates have done prior to July 1, 2008 CalTPA stipulation.

The Program Coordinator of the program to which the teacher candidate is admitted will check (in consultation with content area faculty where necessary) and evaluate the teacher candidate's TPEs.

Teacher candidates not meeting the above requirements shall take the TPA as stipulated in the TPA handbook prior to being recommended by CSUSM for a credential.

Part III: APPROVAL

Action: TPE (on Taskstream) Required Not Required

 TPA Required Not Required

Other Considerations, if required: _____

Program Coordinator's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Submit original copy to Student Services Center.