

TRANSITION TO TEACHING PROGRAMS
Title II, Part C, Subpart 1 of
THE ELEMENTARY AND SECONDARY ACT of 1965 as amended by THE NO
CHILD LEFT BEHIND ACT of 2001 (P.L. 107.110)

Verification of Teaching Obligation

The individual identified on page two is a new teacher employed by your school district. He or she received a scholarship provided under the Transition to Teaching Program to attend a teacher preparation program. As a condition of that scholarship, within six months of completing the program the individual must begin teaching in a high-need school, as that term is defined in Section II, Part C of this form. The individual must continue teaching in a high-need school for a period equivalent to the length of time for which he or she received the scholarship. The U. S. Department of Education needs the information identified in this document so that it can confirm that the individual has fulfilled this service obligation.

For Parts I and II, we ask that you furnish this information by October 1 for individuals who begin teaching at the beginning of the school year, and within seven days of receipt for individuals who begin teaching at other times. The Department needs to obtain the information only once during the school year.

For Section III, we ask that you furnish the information on the teacher's regular school-year employment in your school district (Parts A1 and A2 and Part B) within seven days of the end of the school year. If the individual teaches during the summer (or intersession period if the school district operates a year-round program) in a high-need school, we ask that you furnish the information in Part A3 within seven days of the end of the summer session. Please also include any changes in the name, address, telephone number, fax number, or E-mail address of the school district's reporting official that was previously provided in Section I. Please mail this completed form to:

Georgia Student Finance Authority
2082 East Exchange Place
Suite 100
Tucker, Georgia 30084

If you prefer to receive this information electronically, please contact the Georgia Student Finance Commission Origination's Manager by e-mail at jeannettem@GSFC.org or by telephone at: (770) 724-9060. You will be sent an electronic copy of this document.

Thank you for your assistance.

I. Scholarship Recipient/Teacher Information

Name: _____

Permanent Address:

City, State, Zip Code

Permanent Telephone Number:

Social Security Number:

Date of Birth:

Institution that Provided Your Scholarship Assistance _____

II. School District / School Information

Part A.

School District: _____

Address: _____

Name of District Official Providing This Information: _____

Title of District Official Providing this Information: _____

Telephone Number: _____

Fax Number: _____ E-Mail: _____

_____ has been employed by the school district as a

Name of Teacher
a teacher at _____
School Name

- since the beginning of this school year
- beginning ___ weeks after the school year began.

Part B.

During the current academic year, he/she will be teaching at this school

- full-time
- part-time.

If part-time, he/she has a teaching schedule that is _____% of the district’s full time teachers.

Date on which the school year/term will end. _____

Part C.

To retain his/her financial assistance as a scholarship recipient with no repayment requirement, the scholarship recipient/teacher has to work in a high-need school operated by a high-need Local Educational Agency (LEA) for at least 3 years.

For the purpose of meeting this teaching service obligation, a “high-need local educational agency” has the meaning described below.

Please check at least one box: _____
Name of School District/Local Educational Agency

- (A) (a) Serves not fewer than 10,000 children from families with incomes below the poverty line, **OR**
- (A) (b) for which not less than 20 percent of the children served by the LEA are from families with incomes below the poverty line, **AND**
- (B) (a) For which there is a high percentage of teachers not teaching in the academic subjects or grade levels the teachers were trained to teach, **OR**
- (B) (b) for which a high percentage of teachers with emergency, provisional, or temporary certification or licensing. (See ESEA section 2102(3)).

For the purposes of meeting this teaching service obligation, a “High-need school” means a school that meets any one of the following five tests described below.

Please check at least one box: _____
School Name

- A. Is located in an area in which the percentage of students from families with incomes below the poverty line is 30 percent or more;
- B. Is located in an area with a high percentage of out-of-field teachers, as defined in section 2102 of ESEA;

- C. Is within the top quartile of elementary schools and secondary schools statewide, as ranked by the number of unfilled, available teacher positions at the schools;
- D. Is located in an area in which there is a high teacher turnover rate; or
- E. Is located in an area in which there is a high percentage of teachers who are not certified or licensed.

NOTE: If none of these categories applies to the school in which the individual is teaching, please notify the individual immediately. He or she is at risk of becoming legally responsible for repayment of the full amount of his/her scholarship.

Questions / Comments

I certify that the information contained in this document is correct. *

Signature of School District Official

Date

Name of School District Official

Title

*Note: Please provide original signature. Do not use rubber stamp.

III. Confirmation of School-Year /Summer Employment

(To be completed within seven days of the end of the school year or summer / intersession period. Please submit to the U.S. Department of Education along with the previously completed SECTIONS I and II.)

Part A.

 Name of Teacher

1. continued to teach at _____ for the
School Name
 remainder of the school year in the same full-time or part-time capacity as reported earlier this year.

2. became a teacher at another school, _____,
School Name
 beginning _____ and taught there in the same full-time or part-
(date)

time capacity as previously reported. This is a high-need school because it meets the criterion in Boxes ____ and ____ in Section II. C of this document.

3. taught this summer / intersession period at: _____
School Name

This is a high-need school operated in a high need LEA because it meets the criterion in Boxes ____ and ____ in Part II.C of this document. The individual taught at this school from _____ to _____.
(date) (date)

Part B.

If neither 1 nor 2 of Part A is true, please explain the change of the individual's employment status from what the school district reported in Section II. If applicable, please also provide the date on which the individual no longer was employed by the school district or worked in a high-need school.

Questions / Comments

I certify that information contained in this document concerning _____
is correct. Name Teacher

Signature of School District Official*

Date

Name of School District Official

Title

***Original Signature required. Do not use stamp.**