

APPENDIX A-1

SOLANO COUNTY OFFICE OF EDUCATION
5100 Business Center Drive
Fairfield, CA 94534

JOB SHARING

Job Sharing: _____ and _____
Duration of Plan: _____ School Year

Job sharing partners understand that the success of the proposed plan is realized once implemented. Partners further realize that the two are singular as far as the classroom performance is evaluated by management.

DIVISION OF POSITION

Work Year: Both parties agree to work the non-teaching in-service days. By the second week of school, the dates of the work year will be submitted to the immediate supervisor. The junior staff person will work the extra day should the number of teaching days be an odd number. Pay will be based on the percentage of time worked in relationship to a full-time position.

IEP Planning and Review (for Special Education): Each party agrees to write and conference on the IEP for half of the students in the class. By the end of the third week of each school year, a list of students and the person responsible for the IEP, will be submitted to the immediate supervisor. In the event an odd number exists in the class during the course of the year, the teachers will update the list as to the responsible person. If a solution between the partners does not occur, the immediate supervisor will decide who is responsible.

Planning: Daily activities will be planned in writing one week in advance of the instruction date. The teacher on duty will attend administrator-scheduled and curriculum-scheduled meetings. In addition, the teacher on duty will submit all requested material on the due date such as, but not limited to, attendance registers, ethnic surveys, and end-of-month class lists.

Class Responsibilities: Both parties agree to implement the IEPs on all students assigned to the class.

Fringe Benefits: Division of fringe benefits shall be submitted with the job sharing proposal when mutually agreed upon by the job sharing partners. The total shall not exceed the maximum allocation for one full-time employee and dependents. If the division of health benefits should show excess cost to the office beyond the maximum allocation for a regular employee and dependents, the employees shall meet by June 1 with the Assistant Superintendent, Human Resources and Programs to determine the manner of allocation of health benefits. If mutual agreement is not reached by the job sharing partners, the division will be based on proration of time worked.

APPENDIX A-2

SOLANO COUNTY OFFICE OF EDUCATION:

I voluntarily agree to accept full-time employment for the duration of my job sharing partner's absence during the current school year. In addition, I hereby resign this temporary full-time employment to return to job sharing to be effective at the end of the current school year or upon the return of _____ to the job sharing position during the current school year, whichever comes first.

Signature

Date

Personnel 45-A
Revised 10/02

APPENDIX B

3710.2

TO: _____ (Immediate Supervisor)

RE: Insurance Certification

DATE: _____

I, _____, do hereby certify that my private auto will be insured with auto liability insurance in the minimum amounts of \$15,000/\$30,000/\$5,000 (state minimums) while using my private vehicle to conduct county business in the course of my employment*. I further certify that to my knowledge I am free from impairment and disease which could affect my driving ability.

Driver's License No. _____

Listed Limitations _____

Birth Date _____

Signed _____

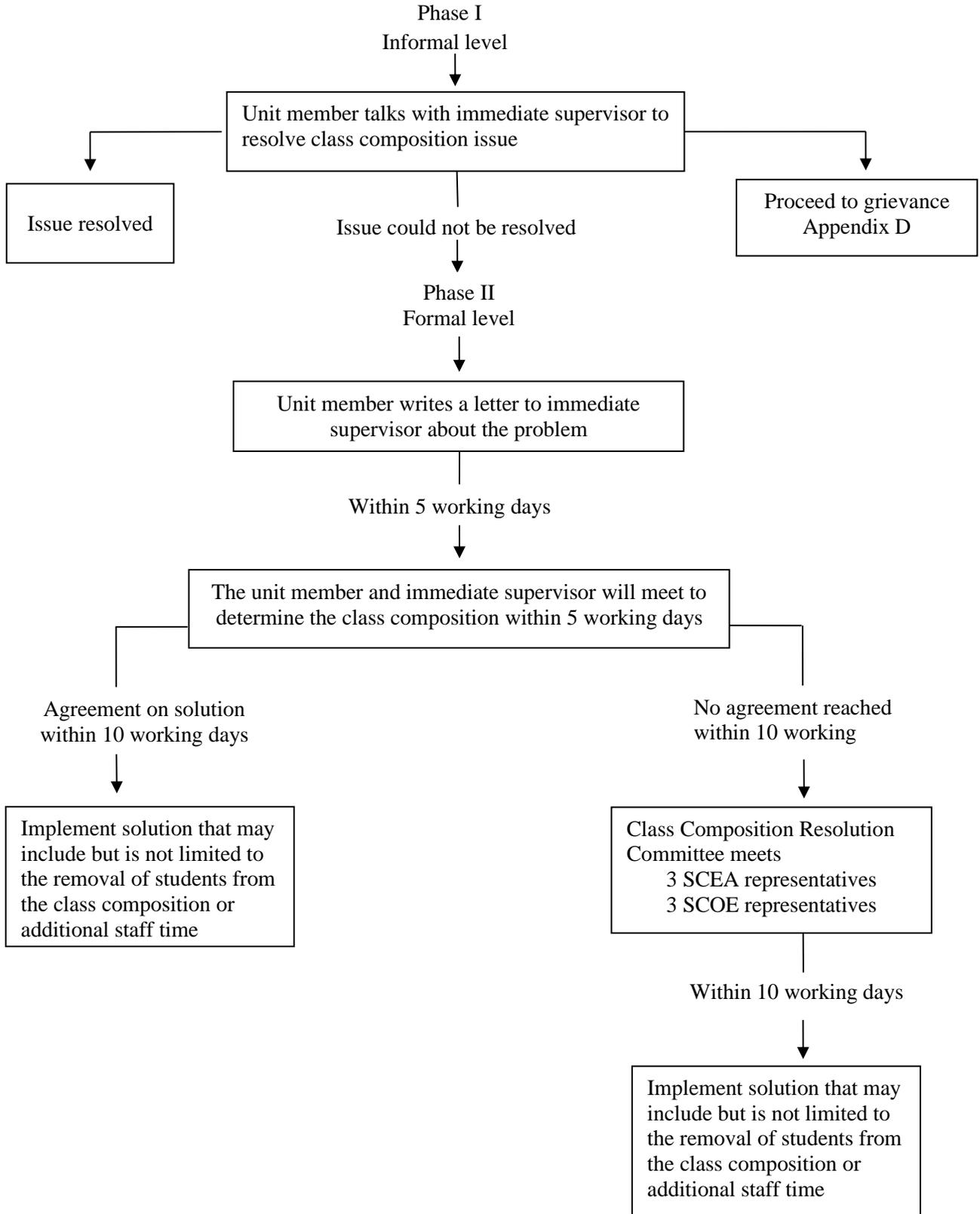
As prescribed by Vehicle Code Division 7, Chapter 3, Article 2, Section 16451, an owner's insurance policy must have \$15,000 total bodily injury or death for each person of an accident, and \$30,000 total bodily injury or death for each accident, and \$5,000 for damage to property of others as a result of any one accident.

*The County of Solano requires the above certification to be eligible to collect private auto mileage reimbursement.

FILE WITH IMMEDIATE SUPERVISOR

APPENDIX C (Article 8)

CLASS COMPOSITION RESOLUTION FLOW CHART



APPENDIX D

Solano County Education Association and Solano County Office of Education Grievance Report

Name of Grievant _____

Assignment _____

Date of Informal Conference (17.3.1) _____

SCEA Representative _____

Date Grievance Event Occurred _____

Circumstances of Event: (17.3.2a)

[] See Attachment A

Contract Article Violation: (17.3.2.a)

Relief Sought: (17.3.2.a)

Date Level I Grievance Filed (17.3.2a) _____

Level I Meeting Date (17.3.2d) _____

Level I Written Response Due By (17.3.2b) _____

| | |
|----------------------------------|-------------|
| Supervisor's Response: (17.3.2b) | Date: _____ |
| (_____ pages attached) | |

| | |
|------------------------------------------------------------|------------|
| Position of Grievant/Association to Supervisor's Response: | Date _____ |
| (_____ pages attached) | |

Date Level II Grievance Filed (17.3.3a) _____

Level II Meeting Date (17.3.3b) _____

Level II Written Response Due By (17.3.3c) _____

Department Head's Response: (17.3.3c)

Date: _____

(_____ pages attached)

Position of Grievant/Association to Department Head's Response: Date _____

(_____ pages attached)

Date Level III Grievance Filed (17.3.4a) _____

Level III Meeting Date (17.3.4b) _____

Level III Written Response Due By (17.3.4c) _____

| | |
|--------------------------------------------------|-------------|
| Superintendent or Designee's Response: (17.3.4c) | Date: _____ |
| (____ pages attached) | |

| |
|---------------------------------------------------------------------------------------|
| Position of Grievant/Association to Superintendent/Designee's Response: Date _____ |
| (____ pages attached) |

Date Level IV Requested by Grievant/Association (17.3.5a)_____

Date of Level IV Executive Board Decision (17.3.5a)_____

Date of Level IV Written Notification to Superintendent/Designee (17.3.5a)

Modification of Grievance Procedure Timeline (17.4.7)

Level _____ Date _____

Reason(s) for Modification and Revised Dates(s):

We mutually agree to the above conditions:

Grievant/Association

Solano County Office of Education

Attachment A

Continuation of _____ at Level _____



STANDARDS CRITERIA – CERTIFICATED PERSONNEL

CRITERION 1 – INSTRUCTIONAL SKILLS

- 1.0** Conducts appropriate assessment
- 1.1** Plans instruction
 - 1.1.1 Identifies learning needs
 - 1.1.2 Develops lesson plans
 - 1.1.3 Develops/follows curriculum
- 1.2** Implements the planned objectives/experiences
 - 1.2.1 Curriculum matches learning needs
 - 1.2.2 Instruction appropriate to student level/IEP goals
 - 1.2.3 Alters curriculum to meet student needs
 - 1.2.4 Gives appropriate level of assistance
 - 1.2.5 Promotes participation by all students according to each student's ability
- 1.3** Other duties and responsibilities

CRITERION 2 – CLASSROOM MANAGEMENT

- 2.0** Provides and follows schedule
- 2.1** Develops classroom procedures
- 2.2** Organizes the physical setting
- 2.3** Has materials readily available
- 2.4** Provides for physical safety
- 2.5** Develops positive learning environment
- 2.6** Organizes individual, small group, and/or large group learning experiences
- 2.7** Manages transitions

STANDARDS CRITERIA – CERTIFICATED PERSONNEL

- 2.8 Monitors student progress
- 2.9 Maintains progress records appropriate to level/subject
- 2.10 Maintains records as required by law
- 2.11 Other duties and responsibilities

CRITERION 3 – MANAGING STUDENT BEHAVIOR AND DISCIPLINE

- 3.0 Addresses emotional needs
- 3.1 Assesses/recognizes conditions; develops and implements strategies
- 3.2 Uses appropriate discipline/behavior management approaches
- 3.3 Makes known to student clear parameters for conduct/behavior
- 3.4 Encourages self-discipline
- 3.5 Deals consistently and fairly with students
- 3.6 Enlists assistance
- 3.7 Other duties and responsibilities

CRITERION 4 – INTERACTION WITH PUPILS, PARENTS, AND OTHER PERSONNEL

- 4.0 Develops and maintains communication with students, parents, and other personnel
- 4.1 Recognizes and utilizes the unique characteristics of each student
- 4.2 Communicates needs of student to personnel and parents
- 4.3 Works effectively with peers, other school and community business/industry personnel, agency personnel
- 4.4 Follows legal mandates and county and department policies and procedures
- 4.5 Other duties and responsibilities



Lisette Estrella-Henderson, Superintendent of Schools

5100 Business Center Drive, Fairfield, CA 94534-1658 ★ 707.399.4400 ★ www.solanocoe.net

EVALUATION PRE-CONFERENCE CERTIFICATED PERSONNEL

Date: _____

Employee Name: _____ Assignment: _____

Evaluator Name: _____

Length of Service: First Year Second Year _____ Years

STANDARDS

The evaluatee will meet and/or maintain basic competencies in all of the following categories:

- Instructional Skills
- Classroom Management
- Managing Student Behavior and Discipline
- Interactions with Pupils, Parents, and Other Personnel

A check at any of the above categories indicates an area of special interest to the evaluator.

COMMENTS

{Select and replace this text with your comments}

Evaluatee: _____ Date: _____

Evaluator: _____ Date: _____



**OBSERVATION REPORT
CERTIFICATED PERSONNEL**

Date: _____

Employee Name: _____ Assignment: _____

Evaluator Name: _____

Length of Service: First Year Second Year _____ Years

OBSERVATION – NARRATIVE SUMMARY

Meets Criteria Area of Concern Unsatisfactory

{Select and replace this text with your text}

Meets Criteria Area of Concern Unsatisfactory

{Select and replace this text with your text}

Meets Criteria Area of Concern Unsatisfactory

{Select and replace this text with your text}

Meets Criteria Area of Concern Unsatisfactory

{Select and replace this text with your text}

**OBSERVATION REPORT
CERTIFICATED PERSONNEL**

Evaluatee: _____ Date: _____

Evaluator: _____ Date: _____



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**EVALUATION SUMMARY
CERTIFICATED PERSONNEL**

Date: _____

Employee Name: _____

Assignment: _____

Evaluator Name: _____

Evaluator: Check the area that characterizes the employee’s predominant performance in each area below. If “Unsatisfactory” is checked, the evaluator must complete the “Improvement Plan” form of the Evaluation Summary.

I – INSTRUCTIONAL SKILLS

| | Meets Criteria | Area of Concern | Unsatisfactory |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Conducts appropriate assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Plans instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Implements the planned objectives/experiences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Commendations and/or Recommendations:

{Select and replace this text with your commendations and/or recommendations}

II – ADMINISTRATIVE SKILLS

| | Meets Criteria | Area of Concern | Unsatisfactory |
|------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Creates and follows effective scheduling, procedures, materials and environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Maintains appropriate records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Commendations and/or Recommendations:

{Select and replace this text with your commendations and/or recommendations}

**EVALUATION SUMMARY
CERTIFICATED PERSONNEL**

| | Meets Criteria | Area of Concern | Unsatisfactory |
|-----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Addresses emotional needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Assesses/recognizes conditions, develops and implements strategies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Uses appropriate discipline/behavior management approaches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Commendations and/or Recommendations:

{Select and replace this text with your commendations and/or recommendations}

| | Meets Criteria | Area of Concern | Unsatisfactory |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Develops and maintains communication with students, parents, and other personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Works effectively with peers, other school and community business/industry personnel, agency personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Commendations and/or Recommendations:

{Select and replace this text with your commendations and/or recommendations}

Evaluatee: _____ Date: _____

Evaluator: _____ Date: _____



**EVALUATION SUMMARY
IMPROVEMENT PLAN
CERTIFICATED PERSONNEL**

Date: _____

Employee Name: _____

Assignment: _____

Evaluator Name: _____

IMPROVEMENT PLAN

To meet basic competencies, improvement is required in the identified area. The improvement plan must include required actions and timelines. The improvement plan may include optional recommendations. (May include attachments).

{Select and replace this text with your text}

Evaluatee: _____

Date: _____

Evaluator: _____

Date: _____