

WICHITA PUBLIC SCHOOLS

Alvin E. Morris Administrative Center
201 N. Water
Wichita, Kansas 67202-1292

Support for Certification of Special Education Teachers or Support Staff Program

EMPLOYEE FORGIVABLE LOAN AGREEMENT

I, _____, the undersigned, a student at _____, understand that I am being recommended for a forgivable loan by the Certification of Special Education Teachers Committee or Support Staff Advisory Committee. I understand that if I am approved for the forgivable loan that Unified School District No. 259, in order to promote my career as a special education teacher or support staff employee, will pursuant to terms and conditions set forth below pay costs of tuition and fees for up to ___ years and up to \$150 per semester for books for university training at the institution of higher learning mentioned above.

In consideration for receiving a forgivable loan if I am approved for such I agree as follows:

1. To comply with the requirements, terms and conditions set forth in the Special Education Certification Program that is attached hereto as Attachment "A" and to comply with any additional requirements, terms and conditions if any, of the Certification of Special Education Teachers Committee or Support Staff Advisory Committee that are attached as Attachment "B". Attachment "A" and Attachment "B" combined are hereafter referred to as the "Program."
2. To enroll in university courses leading towards certification or license to teach special education and provide special education services in Unified School District No. 259 while attending classes on a waiver.
3. To obtain a plan of study from the assigned special education university advisor.
4. After obtaining full endorsement to teach special education classes in Unified School District No. 259 for _____ (one extra semester for every semester the school district paid tuition.)
5. To repay the total amount paid by Unified School District No. 259 for tuition and books at zero interest in one total lump sum payment that shall be immediately due if and when such becomes due and payable under requirements, conditions and terms set forth in Attachments "A" and "B."

Foregivable Loan Agreement

I understand that due to budget constraints imposed by state law that the Unified School District No. 259 cannot obligate itself to pay for tuition and books beyond its current budget year and therefore I understand and agree that Unified School District No. 259 may in any upcoming budget year discontinue paying my tuition and books under its forgivable loan program. It is my understanding in this regard that I will not be required to repay the amount paid for tuition and books for me by Unified School District No. 259, if the District discontinues funding the forgivable loan program in an upcoming budget year prior to the time I have completed my plan of study that is on file at the above mentioned institute of higher learning, assuming that at such time I am otherwise in full compliance with the Program requirements, conditions and terms.

Lastly, I am agreeing to participate in the forgivable loan program with the full understanding that my pursuit of the plan of study and my serving as a special education teacher or special education support staff after completing my plan of study is for the mutual benefit of Unified School District No. 259 and myself.

Wichita Public Schools
Employee Forgivable Loan Agreement

IN WITNESS WHEREOF, this Agreement was signed on the ____ day of ____.

Signature of Applicant and Participant

Recommended:

Certification of Special Education
Committee or Support Staff Advisory
Committee

By: _____, Chair

Approved:

Unified School District No. 259

By: _____

ATTEST

Mike Willome, Clerk of the Board

Foregivable Loan Agreement

**Attachment “A”
to the Employee Forgivable Loan Agreement**

**WICHITA PUBLIC SCHOOLS
PLAN OF SUPPORT FOR CERTIFYING SPECIAL EDUCATION
TEACHERS OR SUPPORT STAFF**

To meet the critical demand for special education teachers and support staff, a plan to provide a forgivable loan to employees of Unified School District No. 259 (the “District”) who agree to become certified and/or licensed to provide special education services has been developed. It focuses on individuals with regular education certification who will pursue special education endorsement and/or licensure.

Individuals with an undergraduate in education must meet and comply with the following:

1. To submit a USD 259 teaching application and complete the Employee Forgivable Loan Agreement.
2. To seek and gain acceptance as an undergraduate and/or graduate student in the parent institution if this has not already been accomplished.
3. File a plan of study (the “Plan”) with the Certification of Special Education Teachers Committee or the Support Staff Advisory Committee in conjunction with an institute of higher learning approved by the appropriate committee that meets full certification in special education with such institution. The institution of higher learning and not subject to revocation must accept the plan.
4. To be recommended for a teaching-contract in special education.
5. To remain employed by USD 259 at all times until the commitment to provide special education services as set forth in the Employee Forgivable Loan Agreement has been complied with or repay the total amount paid by Unified School District No. 259 for tuition and books at zero interest in one lump sum payment.
6. Meet criteria established by a screening committee comprised of individuals from Human Resources, Special Education, and building administration. In addition, to be eligible and continue to be eligible for the program an applicant must:
 - a. have and maintain a GPA of 2.7 or better (FIRM) from college or university;
 - b. demonstrate good verbal and written communication skills;
 - c. be administered the Gallup Urban Teacher Perceiver Structured Interview;
 - d. sign a Commitment and Statement of Intent (Employee Forgivable Loan Agreement) to provide special education services for one semester for each semester the District pays for tuition in the District or to repay the entire amount received, in the event the applicant fails to meet the conditions set forth for the period of college training or a pro-rated amount of the agreed upon service time;
 - e. complete resume which includes experiences working with special needs students/adults.
7. Accept an assignment to provide special education services in the District for the period of time specified in the Employee Forgivable Loan Agreement. (Upon completion of certification, one semester for each semester the District pays for tuition.)

Foregivable Loan Agreement

8. The employee shall reimburse USD 259 100% of the total amount paid by the District if the employee for any reason does not complete their plan of study on file with the Certification of Special Education Committee or Support Staff Advisory Committee within the time period set in the Employee Forgivable Loan Agreement or if the Employee, upon completing the plan, fails to provide the special education services to USD 259 for the time specified in the Employee Forgivable Loan Agreement; provided, however, one semester tuition and books paid for by USD 259 shall be forgiven for each semester special education services are provided up to the year or time such services are not provided.

COMMITMENT BY THE DISTRICT

1. Compensate the comptroller's office of the approved institution of higher learning for tuition and fees, if agreement has been made with them, or reimburse the teacher/support person upon receiving receipts for tuition and fees.
2. Reimbursement for a full-time employee enrolled in this program for all tuition, fees and books, up to \$150 per semester, associated with the course work, upon submission of the necessary sales receipts subject to such funds being budgeted for at the time such reimbursement is being sought. Reimburse a half-time employee enrolled in this program for one-half of all tuition and books associated with the course work, upon submission of the necessary sales receipts provided, however, that such funds have been budgeted for at the time such reimbursement is sought. Timely payment will be made after submission of the necessary documentation to the Assistant Director, Division of Special Education Support Services.
3. The amount paid by USD 259 for tuition, fees, and expenses will be 100% forgiven at such time as the employee completes the commitment to provide special education services for the years specified in the Employee Forgivable Loan Agreement.

This program would commence the fall of 1999. While not limited to the following, Associated College of Central Kansas (ACCK) for an undergraduate program, WSU and Southwestern College for a graduate program will be solicited for support of the program. In the case of out-of-state or private school tuition, reimbursement will be at the rate for an in-state institution only.

APPLICATION PROCEDURE

- 1) Complete teacher/support staff application with USD 259.
- 2) Be accepted into teacher/licensure program at a university and prepare a plan of study.
- 3) Participate in interviews with Human Resources, special education staff, and building principal.
- 4) Be recommended for contract.

Foregivable Loan Agreement

Application

SUPPORT FOR CERTIFYING SPECIAL EDUCATION TEACHERS

SECTION B (To be completed by the applicant):

Write a one-page (minimum) description of yourself, addressing such issues as (1) your primary goal(s) in life; (2) why you think you should be accepted into the Support Program for Special Education Teachers; (3) contributions you have made to your community, i.e., social, educational, religious, etc.; (4) why you desire to become a special education teacher. Be certain to address each issue.

Foregivable Loan Agreement

REFERENCE REPORT ON APPLICANT FOR THE SPECIAL EDUCATION SUPPORT PROGRAM

SECTION C (To be completed by A reference; i.e. educator/teacher, building administrator, supervisor, former employer, NO RELATIVES):

RESPONDENT _____

Name _____ Address _____

Title _____

Phone _____

_____ is an applicant for special education scholarship and has requested that you serve as a reference. Please complete this form, responding to all items. (If requested information is unknown, please indicate such (UNK)).

1. How long have you known the applicant? _____ YEARS _____ MONTHS
2. In what capacities have you known the applicant?
3. What characteristics and skill does this applicant possess that you think would make him/her a successful participant in this program? _____
4. How does this applicant relate to people (adults and children, including fellow students/workers)? _____
5. How would you describe this applicant's academic success:
 _____ Superior; _____ Above Average; _____ Average; _____ Below Average
 Comments: _____

6.

Rate these qualities:	Below Average	Average	Above Average	Superior
Ability to communicate:				
Cooperation and Dependability:				
Flexibility:				
Motivation and Initiative:				
Overall Potential for Success as a Teacher/Educational Professional				

_____ Date _____ Signature of Respondent

RETURN TO: USD #259 HUMAN RESOURCES 201 N. WATER WICHITA, KS 67202-1292 PRIOR TO
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**REFERENCE REPORT ON APPLICANT FOR THE SPECIAL EDUCATION SUPPORT
PROGRAM**

Side 2, Section C

COMMENTS (Add any additional information you think might aid the Selection Committee)