

**REQUEST FOR INDUCTION PROGRAM EXTENSION
IN THE THIRD YEAR OF INDUCTION
MERCED UNION HIGH SCHOOL DISTRICT INDUCTION PROGRAM**

To be used for completion of activities required for clear credential recommendation

Participating Teacher _____ **Date** _____

Mentor _____ **Date** _____

Need for Extension:

- ILP event(s) Specify: _____
- Other (explain reason in detail)

Reason for Extension:

- Health or Family Emergency
- Other circumstances: Explain: _____

Outline the assistance needed

ASSISTANCE PLAN	PERSON RESPONSIBLE FOR ASSISTANCE

NOTE: I understand that all induction requirements for the recommendation of the professional clear teaching credential must be completed prior to the expiration of my preliminary teaching credential. Return this form to the Program Director.

Participating Teacher Signature Date

Program Coordinator Approval Date