



## Teacher Incentive Allotment Program Election

**2020-2021**

**Eligibility:** Ore City ISD allows and encourages all teachers to participate in seeking designations; however, this is an optional program. Teachers may elect to opt-in or opt-out of the program each year. Texas Education Agency requires that each teacher submitted for a designation “must have a valid SBEC certificate. Eligible types of certificate include: Standard, Professional, Provisional. Eligible classes of certificates include: Classroom Teacher (Chapter 233), Reading Specialist (Chapter 239), Legacy Master Teacher. For more info: <http://ritter.tea.state.tx.us/sbecrules/tac/index.html>. The teacher must be coded as 087 (Teacher) per the Public Education Information Management System (PEIMS) description of codes for 90 days at 100% of the day (equivalent to four and one-half months or a full semester) or 180 days required at 50-99% of the day and compensated for that employment.

Designations are added to a teacher’s SBEC certificate and are valid for five years. If a teacher moves to a new district, the allotment funding follows the teacher to the new district regardless of whether the new district has an approved designation system in place. Teachers with [National Board Certification](#) may be eligible to earn an automatic Recognized designation regardless of whether the district in which the teacher works is participating in TIA.

<b>OCISD Designation System Weighting:</b>	Teacher Observation	Student Growth	Other (Surveys 10% Professional Practices – Domain IV TTESS 10%)
<b>Category 1:</b> Head Start, PreK, OCE Electives, Special Education	50%	30%	20%
<b>Category 2:</b> K-12 Teachers not listed in Category 1	40%	40%	20%

### Election to Participate:

I DO want to participate in Teacher Incentive Allotment by seeking to earn a designation during the data capture year of 2020-2021. I understand that participation does not guarantee a designation.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I DECLINE participation in OCISD Teacher Incentive Allotment program for the data capture year of 2020-2021. I understand that if I change my mind later in the year, that there may not be enough time or data available for the necessary requirements to be met. I understand that participation does not guarantee a designation.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



## Teacher Incentive Allotment Program Application

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Grade level(s): \_\_\_\_\_

Email: \_\_\_\_\_ Certifications: \_\_\_\_\_

Years of experience as a teacher: \_\_\_\_\_ Years at OCISD: \_\_\_\_\_

Highest Degree held: \_\_\_\_\_ Teaching Category (see above) \_\_\_\_\_

**GOAL SETTING:** Please describe your professional goals, short or long term. Include how you may have modified or met your previous goals based on self-assessment, reflection, peer and supervisor feedback, etc. What changes have you made or will you make to result in improvement in professional practices and student performance.

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**PROFESSIONAL DEVELOPMENT:** Please describe any leadership experiences you have had or desire to have this year and/or how you enhance the professional community of teachers by leading colleagues collaboratively on campus or beyond. Include any details about data-analysis or self-reflection that has helped develop these activities.

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**SCHOOL COMMUNITY INVOLVEMENT:** Please describe your plan to systematically contact parents through various means regarding students' academic and social/emotional growth. Include how you will communicate or lead community members, families, colleagues, and students toward reaching the mission, vision, and goals for the school.

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**SUPPORT & COLLABORATION:** Specifically, what do you hope that OCISD administrators will do to help you achieve your goals?

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Signature Campus Date Submitted