



Fresno County Office of Education
1111 Van Ness Avenue
Fresno CA 93721
Phone (559) 265-3016
www.casc.fcoe.org

Fresno County Superintendent of Schools CASC COACH APPLICATION

First and Last Name	Middle	Former/Maiden Name	
Home Mailing Address/ City, State, Zip	Home Phone	Cell Phone	
Current or Last Employment	District Name	County Name	School Name
Last School or District mailing Address/City, State, Zip	School or District Phone		
School Level	Number of Years as an Administrator		
Date of Birth	E-Mail Address		
Clear Administrative Services Credential Number	Date of Approval		

What Credentials do you hold?

- Clear Administrative Services Credential
- Multiple Subject
- Single Subject
- Designated Subjects Career Technical Education Teaching Credential
- Educational Specialist Credential and Area of Specialization
- Other – Please specify _____

Have you attended Cognitive Coaching? Yes No If yes, when? _____ Please provide certificate.

Please respond to the following:

1. Describe your involvement as an administrator in the continuous improvement and accountability process.

