

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Alternate Route Teacher Preparation Program

District Permission Letter

Teacher Candidate Name: _____

Teacher Candidate 855 number: _____

Alternate Route Program: (circle one)

Bilingual CTE Early Childhood ESL LDTC MAT Elementary
MAT Secondary TSD LDTC

District/School: _____

Grade: _____ Subject: _____

Academic Year(s) _____

The above named teacher candidate is enrolled in an alternate route program at William Paterson University and will need to be observed and mentored by a clinical supervisor from the College of Education, William Paterson University during their first two years of teaching.

By signing this letter, the district / building level administration affirms the following:

- the above named teacher candidate has been hired as a teacher of record under the Certificate of Eligibility alternate route licensure path in the above named school / district;
- the William Paterson University clinical supervisor is permitted to conduct required observations of the candidate teaching, in person and remotely.

Thank you for your assistance with this matter.

Sincerely;

Margaret Renn, Director, Office of Field Experience

William Paterson University

Administrator Signature: _____

Administrator Printed Name: _____

District / School: _____

Date: _____