



## Initial Teaching License Alternate Route Program District Permission Letter

**Student Name:** \_\_\_\_\_

**Student 855 number:** \_\_\_\_\_

**District:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade/Subject:** \_\_\_\_\_

A requirement of the initial teaching licensure alternate route program that leads to certification is mentorship by William Paterson faculty during the first two years of teaching.

To fulfill this requirement a William Paterson Clinical Supervisor will conduct four (4) formally observations of the teacher candidate in his/her own classroom during the fall semester and a minimum of eight (8) times during the spring semester. During the second year of mentorship, the clinical supervisor and teacher candidate will develop a mentoring plan that will consist of observations and support sessions including but not limited to e-mail, phone, Zoom. The above named teacher candidate has indicated that he/she is being hired as an alternate route teacher in your school beginning \_\_\_\_\_(date).

By signing this letter, the district / building level administration is giving approval for the above named teacher candidate to complete alternate route program mentorship requirement in the classroom where he/she works.

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:** \_\_\_\_\_

\* the teacher candidate must return this form to the Office of Field Experiences no later than two months prior to the start of the semester in which he/she is beginning the alternate route program.