Learning Disabilities Teacher-Consultant
District Permission Letter

LDT-C Candidate Name: ________________________________________________
LDT-C Candidate 855 number: __________________________________________
District/School: _______________________________________________________

As a requirement of the Learning Disabilities Teacher-Consultant (LDT-C) Endorsement Program at William Paterson University, LDT-C Candidates must complete a 100-hour clinical internship at a school.

LDT-C Candidates must work under the guidance and direction of a certified LDT-C who is employed on a regular basis (part-time or full-time) by a school district.

LDT-C Candidates who are employed at a school have two options to complete their internship. Please check below the appropriate option for this candidate.

☐ Teacher of record with school-based LDT-C as mentor.
   Name of LDT-C Mentor: ____________________________

☐ LDT-C working under emergency certification with a district LDT-C mentor.
   Name of LDT-C Mentor: ____________________________

As part of the clinical internship requirements, the candidate will be expected to participate in the referral, identification, classification, and IEP process for three or more students.

Requirements for the clinical internship include:

- 100 hours of internship
- Supervision and mentoring by a certified LDT-C
- Preparation of three educational evaluations
- Preparation of a minimum of one IEP (completed in collaboration with other staff and parents)

To ensure that the clinical requirements do not interfere with instructional time, candidates are asked to complete the clinical internship during their prep, lunch, and/or before and after school. Please complete the grid with the candidate and include the dates and times that the candidate will fulfill their clinical hours and requirements.
Lastly, as part of the LDT-C program at William Paterson, candidates will need to be observed and mentored by a faculty member from the William Paterson University College of Education during their program.

By signing this letter, the district / building level administration is confirming the above named candidate is a teacher of record or an emergency certified LDT-C of record who will have a LDT-C mentor and is giving approval for a William Paterson University clinical supervisor to conduct required observations of the candidate during IEP meetings and conferencing during the ________________ academic year.

Thank you for your assistance with this matter.

Sincerely;

Margaret Renn
Director, Office of Field Experience
William Paterson University

Administrator Signature: ___________________________ / Date ______________

Administrator Printed Name: ____________________________________________

LDT-C Mentor Signature: ___________________________ / Date ______________

LDT-C Mentor Printed Name: ____________________________________________

District / School: ________________________________________________________