

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

Early Childhood Alternate Route Teacher Preparation Program District Permission Letter

Teacher Candidate Name: _____

Teacher Candidate 855 number: _____

District/School: _____

Grade: _____ **Subject:** _____

A requirement of the alternate route program, alternate route teachers must be enrolled in an alternate route teacher preparation program. The above named teacher candidate is enrolled in an Early Childhood Alternate Route program at William Paterson University and will need to be observed and mentored by a faculty member from the William Paterson University College of Education during their alternate route program.

By signing this letter, the district / building level administration is confirming the above named teacher candidate is a teacher of record through the alternate route licensure path and is giving approval for a William Paterson University clinical supervisor to conduct required observations in the teacher candidate's classroom 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: _____

Administrator printed name: _____

District / School: _____

Date: _____