

COLLEGE OF EDUCATION

WILLIAM PATERSON UNIVERSITY

ESL Field Experience District Permission Letter

Candidate Name: _____

Student 855 number: _____

District/School: _____

As part of the ESL Alternate Route program at William Paterson University, candidates participate in a supervised clinical component. This program component provides candidates with an opportunity to receive constructive feedback to support candidates in demonstrating mastery of necessary skills and knowledge base of a proficient ESL teacher.

A requirement for this supervised clinical component is a minimum of two face to face or remote observations conducted by a William Paterson University clinical supervisor.

By signing this letter, the district / building level administration is giving approval for the above named candidate to complete the clinical component in the classroom where he/she works and that a clinical supervisor may observe the candidate in his/her classroom.

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: _____