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: _________________________________________________________________________