

## Educator Preparation Provider/Local Education Agency State Recognized Partnership Agreement

Educator Preparation Provider (EPP)	
Local Education Agency (LEA)	
Academic Year of Agreement	
EPP Contact/Designee	
Name:	Title:
Email:	Phone Number:
LEA Contact/Designee	
Name:	Title:
Name: Email:	Title: Phone Number:
Email:	
Email:  Certification (signatures verify partnership)  EPP Head	Phone Number:
Email:  Certification (signatures verify partnership)  EPP Head Administrator:  Signature: Dr. Cynthia Chambers	Phone Number:  Title:
Email:  Certification (signatures verify partnership)  EPP Head Administrator:	Phone Number:  Title:



	Describe the strategies and actions in place to co-select clinical educators and collaborate to prepare,
Prompt	evaluate, and support high-quality clinical educators, both provider and school-based, who
1	demonstrate a positive impact on candidates' development and pre-k-12 students. <i>NOTE: Responses</i>
	should not exceed one page per prompt.



Prompt 2	Describe the design and implementation of clinical experiences, utilizing various modalities, of sufficient depth, breadth, diversity, coherence, and duration to ensure candidates demonstrate their developing effectiveness and positive impact on pre-k-12 students (For instructional leader programs, ensure how clinical experiences allow opportunities for candidates to practice applications of content knowledge and skills.). NOTE: Responses should not exceed one page per prompt.