

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

<b>Educator Preparation Provider (EPP)</b>	
<b>Local Education Agency (LEA)</b>	
<b>Academic Year of Agreement</b>	

EPP Contact/Designee	
<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Phone Number:</b>

LEA Contact/Designee	
<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Phone Number:</b>

Certification (signatures verify partnership)	
<b>EPP Head Administrator:</b>	<b>Title:</b>
<b>Signature:</b> <i>Cindy Chambers</i>	<b>Date:</b>

<b>LEA Head Administrator:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

**Prompt  
1**

Describe the strategies and actions in place to co-select clinical educators and collaborate to prepare, evaluate, and support high-quality clinical educators, both provider and school-based, who demonstrate a positive impact on candidates' development and pre-k-12 students. *NOTE: Responses 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.*