

Educator Preparation Provider (EPP)	n	
Local Education		
Agency (LEA)		
Term of Agreement		
Torm or Agreement		
EPP Contact/Design	ee	
Name:		Title:
Email Address:		Phone Number:
LEA Contact/Design	ee	
Name:		Title:
Email Address:		Phone Number:
Other Key Staff		
Name:		Name:
Title:		Title:
Name:		Name:
Title:		Title:
Certification (signatu	ures verify partnership)	
EPP Head Administrator	Name:	Date:
	Title:	
LEA Director of	Signature:	Deter
LEA Director of Schools	Name:	Date:
	Title:	
	Signature:	



Prompt 1: Identify the collaboratively-developed recruitment and selection strategies and goals. (500 words)		



Prompt 2: Identify how entities will collaborate to select , prepare , evaluate , support , and retain high-quality clinical educators , both provider and school-based, who demonstrate a positive impact on candidates' development and pre-K-12 learning and development. (500 words)			



practice, maintain coherence across clinical and academic components of preparation, and establish shared accountability for candidate outcomes. (500 words)			
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Prompt 4: Identify mutually-agreed upon key assessments, transition points, and exit requirements. (500 words)			



Prompt 5: Identify mutually-agreed upon design of clinical experiences of sufficient depth, breadth, diversity, coherence, and duration to ensure that candidates demonstrate their developing effectiveness and positive impact on all students' learning and development. (500 words)		