

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

Educator Preparation Provider (EPP)	
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Local Education Agency (LEA)	
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Term of Agreement	
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EPP Contact/Designee	
Name:	Title:
Email Address:	Phone Number:

LEA Contact/Designee	
Name:	Title:
Email Address:	Phone Number:

Other Key Staff	
Name:	Name:
Title:	Title:
Name:	Name:
Title:	Title:

Certification (signatures verify partnership)							
EPP Head Administrator	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name:</td> <td style="width: 40%;">Date:</td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Name:	Date:	Title:		Signature:	
Name:	Date:						
Title:							
Signature:							
LEA Director of Schools	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name:</td> <td style="width: 40%;">Date:</td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> </table>	Name:	Date:	Title:		Signature:	
Name:	Date:						
Title:							
Signature:							

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

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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)**