

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:
Email:	Phone Number:

Certification (signatures verify partnership)	
EPP Head Administrator:	Title:
Signature:	Date:

LEA Head Administrator:	Title:
Signature:	Date:

**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.*