## SITE ADMINISTRATOR APPROVAL FORM Demonstration of Instructional Competencies (EDEL 489/EDSE 489)

Last Name	First Name	CIN
Home Address		
City, State and Zip Code		
Daytime Phone Number		Email Address
	, am applying fo Quarter, 20 I am presently	or Demonstration of Instructional y employed as a <b>full-time teacher</b> at:
Name of School	Grade L	evel and Subject Area
	Bilingual	I SettingYes*No*
Complete School Address		
City, State, and Zip Code	() School F	Phone Number
Name of Site Administrator and	Title District	
**Please complete the Supplemen during each quarter of EDEL/EDSI 489/EDSE489, you must accept a teacher during the weeks that your periods, three (3) of which are in the In Demonstration of Instructional C	E 489. If you will be in your classroom fe full-time supplementary assignment, un c class is "off track." Single Subject Crec ne subject area in which the applicant is Competencies (EDEL 489 or EDSE 489)	s. You must be on track and teaching full-time ewer than ten (10) weeks during your EDEL nder the supervision of a designated master dential candidates must teach at least five (5)
	supportive of the evaluating process.	sompetencies. It is important that your site
TO: Dr. Monique S. Allard, Dire Charter College of Educati		
appropriate field experiences. I un	representative of the district, I agree that iderstand that a university faculty membe	d for an assignment of Demonstration of t the applicant may utilize our site for er will visit my school on a regular basis to aluation of his/her teaching performance.
	lete a written evaluation (using CSLA's	<b>evaluate</b> his/her teaching effectiveness, using s rating form) of the candidate's teaching
*In addition, I verify that the inform	ation above is accurate	
Signature of Site Administrator	Title	Date
	89 will be awarded based upon comp upervisor and the site administrator.	letion of the student teaching requirements

Services.