

Mathematics Instructional Added Authorization District Agreement Form

Dear Site Administrator,

Your teacher, _____ has applied to earn his/her Mathematics Instructional Added Authorization (MIAA) through Teachers College of San Joaquin (TCSJ). Once completed, this authorization will allow him/her to teach mathematics in a departmentalized setting. Dependent on their authorization level, they will be qualified to teach mathematics K — Algebra One/Integrated One.

We request that _____ meet with you to discuss the demands of the coursework prior to full admittance to the TCSJ MIAA program. Your signature below indicates that you met with him/her and that you give permission for him/her to participate in a lesson study and field experiences (substitute costs covered by TCSJ up to \$150).

I agree that _____ has the appropriate professional experiences and personal characteristics, including sensitivity to California's diverse population, effective communication skills, basic academic skills, and prior experiences that suggest he/she has strong potential for serving our K-12 students as a mathematics instructor. I support his/her lesson study and field experience participation and agree to work with the TCSJ Fieldwork Supervisor (Instructor, MIAA360/370) to ensure that he/she has opportunities to work with diverse students at each of the required grade spans (K-3, 4-8, Algebra One).

Administrator: _____

Date: _____

Site: _____

District: _____