



Mathematics Instructional Added Authorization District Agreement Form

Dear Site Administrator,

Your teacher, _____ has applied to earn their Mathematics Instructional Added Authorization (MIAA) through Teachers College of San Joaquin (TCSJ). Once completed, this authorization will allow them to teach mathematics in a departmentalized setting and 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 them and that you give permission for them to participate in a lesson study and field experiences.

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 they have strong potential for serving our K-12 students as a mathematics instructor. I support their lesson study and field experience participation and agree to work with the TCSJ Fieldwork Supervisor (Instructor, MIAA360/370) to ensure that they have opportunities to work with diverse students at each of the required grade spans (K-3, 4-8, Algebra One/Integrated One).

Site Administrator Name: _____ Signature: _____

Site: _____ District: _____