**TEMPLATE FOR MOA.**

**Please modify and add additional items you feel are critical for your agreement. This is a template only. PESB expects modifications.**

**Alternative Routes to Certification Program**

**Memorandum of Agreement (“Agreement”)**

**Between**

**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(hereinafter referred to as “TPP”)**

**Address**

**\_\_\_\_\_\_\_, WA \_\_\_\_\_**

**And**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District(s)**

**Program Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(hereinafter referred to as “Program”)**

**[Program start date]**

This memorandum outlines the agreement between \_\_\_\_\_\_\_\_\_ Teacher Preparation Program, an approved Washington State institution offering university credit courses through its Education Department and \_\_\_\_\_\_\_\_\_\_\_\_\_ School District(s). The purpose of this partnership is for teacher preparation programs and single/multiple district partnerships to strengthen the Program with an emphasis on grow your own teacher strategies to address district staffing needs.

The Program will be carried out in accordance with Washington Administrative Code (WAC) 181-80 authorizing the Alternative Routes to Certification Program (previously [RCW 28A.660.040](http://apps.leg.wa.gov/rcw/default.aspx?cite=28A.660.040)), Authority WAC 181-80-002, Definitions WAC 181-80-005, Basic requirements WAC 181-80-010, and Program types WAC 181-80-020.

The parties agree to the following:

The TPP and the \_\_\_\_\_\_ District(s) agree to implement the Program with candidate instruction beginning \_\_\_\_\_ (mo/yr).

The Program will offer a residency certification program with \_\_\_\_\_\_\_\_\_\_\_ endorsement(s) courses (\_\_\_\_\_ undergraduate/graduate credits). Program will offer Route(s) \_\_\_\_.

Specific responsibilities of each of the parties are as follows:

**Teacher Preparation Program will (edit to fit program design):**

1. Identify key faculty member(s) who will work directly with the District(s) for the Program.
2. Provide District(s) with promotional brochures and/or presentations to assist with Program recruitment.
3. Schedule Program courses.
4. Provide key faculty member(s) to implement the Program.
5. Provide supervision and facilitate learning activities such as peer observation and feedback.
6. Etc.

**\_\_\_\_\_\_\_ District(s) will (edit to fit program design):**

1. Identify a key staff member(s) who will serve as a District liaison to TPP.
2. Provide a description of how the district intends for the Program to support its workforce development plan.[[1]](#footnote-1)\*
3. Work with the TPP to provide candidates to the Program who are employed by the District (Routes 1, 2, and 4).
4. Design candidate work plans (Routes 1, 2, and 4) to provide compensation for clinic and field experience hours wherever possible.
5. Etc.

**Outcomes:**

In order to accomplish the general objectives of this agreement and meet the associated outcomes, the TPP and District(s) shall perform the specific duties, as outlined in this form. The understanding is that the information may be subject to change based upon the district(s) program needs, agreed upon by all partners.

**Key roles and responsibilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Responsibilities** | **Preparation program** | **District** | **Other** | **Other** |
| Candidate recruitment\* |  |  |  |  |
| Candidate screening\* |  |  |  |  |
| Candidate selection\* |  |  |  |  |
| Candidate oversight\* |  |  |  |  |
| Additional field placement\* |  |  |  |  |
| 540 hours student teaching\* |  |  |  |  |
| Mentor selection\* |  |  |  |  |
| Mentor training\* |  |  |  |  |
| Mentor support\* |  |  |  |  |
| Etc. |  |  |  |  |
|  |  |  |  |  |

**Key activities timelines**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Start date**  mm/dd/yy | **End date**  mm/dd/yy | **Responsible**  Indicate if it is a preparation program, district, partner, mentor, student, and indicate the name, organization, and title. |
| Candidate recruitment\* |  |  |  |
| Candidate screening\* |  |  |  |
| Candidate selection\* |  |  |  |
| Additional field placement\* |  |  |  |
| 540 hours student teaching\* |  |  |  |
| Mentor selection\* |  |  |  |
| Mentor training\* |  |  |  |
| Etc. |  |  |  |
|  |  |  |  |

**Program management**

The following shall be the contact person for all communications regarding the performance of this Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Teacher preparation program** | **District** | **Other partner** |
| Name |  |  |  |
| Title |  |  |  |
| Mailing address |  |  |  |
| Telephone number |  |  |  |
| Email |  |  |  |

**Terms of agreement and termination**

This Agreement is effective beginning \_\_\_\_\_\_\_\_. The Agreement may be amended by a written addendum signed by all parties and with final approval by PESB. The authorizing signatories for this Agreement are as follows:

**Teacher preparation program representative**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District representative**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PESB ONLY**  **MOA APPROVAL** | **Date** |
| **Representative** | **Signature** |

1. \* Required in accordance with WAC 181-80-010. [↑](#footnote-ref-1)