



RHEA HIRSCH SCHOOL OF EDUCATION  
JACK H. SKIRBALL CAMPUS  
3077 UNIVERSITY AVENUE  
LOS ANGELES, CA 90007

## DeLeT Coaching Program School Approval Form 2024– 2025

### Participating Teacher

Name	Email address
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### School Information

Name of School	Grade Level
Address	City, State, Zip Code
Website	By which agencies is the school accredited?
Administrator	Administrator phone contact
Administrator title/position	Administrator email address

I give my permission to \_\_\_\_\_, a teacher employed by the \_\_\_\_\_ School as a “teacher of record” for grade(s) \_\_\_\_\_, to participate in the DeLeT Coaching Program. I understand that in order to complete the program successfully they must fulfill all the requirements as explained by the Mentor assigned to work with the participating teacher to the satisfaction of the Mentor and the DeLeT Coaching Program administration.

I understand that the cost of the DeLeT Coaching Program for the academic year 2024-2025 is \$2,500. In support of emerging educators, schools are asked to contribute some portion of this amount by reimbursing the participant directly.

I agree that the school will:

- Appoint an administrator to serve as liaison with the DeLeT Coaching Program Coordinator and with the Mentor assigned by DeLeT.
- Give the Mentor access to the school for a minimum of 2 hours every other week to observe the participating teacher in class and to meet with them during school hours.
- Schedule the participating teacher so that they have a minimum of 2 hours every other week to meet with the Mentor at a time that is mutually acceptable.
- Meet with the participating teacher and the Mentor two times per year to discuss the participating teacher’s goals and growth as a beginning teacher

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date