



**HEBREW  
UNION  
COLLEGE** | DeLeT  
**DeLeT Coaching Program**  
School Approval Form 2026– 2027

**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 to complete the program successfully they must fulfill all the requirements as explained by the Coach assigned to work with the participating teacher to the satisfaction of the Coach and the DeLeT Coaching Program administration.

I understand that the cost of the DeLeT Coaching Program for the academic year 2026-2027 is \$2,500.

I agree that the school will:

- Appoint an administrator to serve as liaison with the DeLeT Coaching Program Coordinator and with the Coach assigned by DeLeT.
- Give the Coach access to the school, as needed, to conduct coaching meetings and to observe the participating teacher during school hours.
- Support the participating teacher in scheduling required 1 hour bi-weekly coaching sessions and the required classroom observations.
- Meet with the participating teacher and the Coach two times per year to discuss the participating teacher’s goals and growth as a beginning teacher

Signature of School Administrator

Date

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