Administrator Assurance Form
First District RESA GaTAPP

Administrator Name ________________________________________________

Candidate Name ________________________________________________

The school administrator should review and initial each statement below. The original copy should be given to the candidate to include in the application packet. The school administrator should keep a copy for his/her records.

I agree to the following:

____ Recommend the candidate for employment.

____ Employ the candidate for at least 50% of the day in the area in which certification is sought.

____ Ensure that the candidate is teaching in a face-to-face setting and is directly responsible for student instruction.

____ Ensure that the candidate is not assigned to an ISS or computer lab setting.

____ Assign an exemplary teacher in the same certification field to be the candidate’s school-based mentor.

____ Notify the FDRESA GaTAPP Program Coordinator of any changes in the candidate’s employment status.

____ Conduct informal and formal observations / evaluations of the candidate and provide timely feedback to the candidate.

____ Share observation / evaluation data with GaTAPP FDRESA Supervisor and/or GaTAPP FDRESA Program Coordinator.

____ Provide additional school-based support to GaTAPP candidate as needed.

____ Ensure that school duties do not interfere with program commitments, to include coaching, teaching and extracurricular assignments.

____ Provide release time for candidate’s field experiences. Thirty hours of field experiences are required. While some may be completed in the employing school, the majority must be completed outside of the candidate’s school.

____ Understand that GaTAPP is a performance-based program that may take up to 3 years to complete. First District RESA cannot guarantee completion of program requirements in only 1 year.

Administrator Signature ________________________________________________

Date ______________________