

Tarleton Model for Accelerated Teacher Education Dr. Laura Estes, Director 6777 Camp Bowie Blvd., Suite 313 Fort Worth, TX 76116 817-717-3690 Fax 817-484-4405 Email: estes@tarleton.edu

October 17, 2018

RE: TMATE Intern: Emily Leyba

Certification Area: Core Subjects EC-6

Please allow this correspondence to serve as evidence that the above named person is an applicant accepted into a recognized university-based alternative educator preparation program at Tarleton State University, the Tarleton Model for Accelerated Teacher Education (TMATE) program.

Under the authority of the State Board for Educator Certification, TMATE interns continue professional development during the 2018 academic year with an internship in a state accredited school serving as a classroom teacher of record under a Probationary/Intern Certificate issued at the time of employment.

TMATE interns meet the following criteria:

- an earned bachelor's degree from a regionally recognized institute of higher learning with an excellent GPA on coursework,
- demonstrated command of the appropriate subjects for the teaching field by exceeding minimum standards on the appropriate content TExES, and
- an applicant in good standing with the 2018-2019 TMATE cohort.

If further clarification of the above named intern's qualifications is needed, please call the TMATE Office at 817-717-3690 or email Margaret Mathis, mmathis@tarleton.edu.

Thank you. Working together to develop an educator with excellent potential is rewarding for all stakeholders, particularly the students!

Sincerely,

Dr. Laura Estes, TMATE Director

Tarleton Model for Accelerated Teacher Education

(1) Soc	ial Security	Nu	mber	_
XXX	XX		8040	

Statement of Eligibility for Internship

Tarleton State University-TMATE

<u>Instructions:</u> After admission to a preparation program, an applicant seeking certification through an approved Educator Preparation Program will use this form to verify eligibility for employment to complete internship requirements for certification.

THIS IS NEITHER A CERTIFICATE NOR A PERMIT. This document verifies that the applicant has been admitted to a preparation program leading to certification through a Texas approved Educator Preparation Program, TMATE, Tarleton Model for Accelerated Teacher Education. An employing school district should use item (4) to verify the applicant's employment as an intern in an area(s) of eligibility indicated in item (3) by the Tarleton Model for Accelerated Teacher Education Program. This form must be returned to the TMATE office. TMATE will then recommend the applicant for a probationary certificate, which must be issued to provide the employing school district assignment coverage during the internship year.

(2) Applicant's Name												
Leyb	a		1	Emily								
Last	- 32-32-11			First		0.75m2		M	liddle	Maiden Name		
TO BE COMPLETED BY THE APPROVED EDUCATOR PREPARATION PROGRAM												
(3) Verification of Eligibility for Internship: Indicate the grade levels and certification areas for which the individual is seeking certification through a Texas approved Educator Preparation Program.												
Gr	ade(s)	Taught			Description of Certification Area(s)							
Low	2000 ACC 10	Highest Grade										
EC		6		Core Subjects								
Name	of Re	commending	g Entity						County-District Number			
Tarlet	on Sta	te University	y						072501			
Typed name and title of Program Administrator or Certification Officer						Date	:	Telephone / email		Signature		
	Omini			Tites	MM	DD	YYYY	(81	17) 717-3690	.0.0		
Dr. Laura Estes TMATE Director					10	17	2018	estes	@tarleton.edu	Laura Estes		
ALL STATES OF THE STATES OF TH	D. C. C.		TO BE CO				EMPLOY		SCHOOL DIST	RICT		
(4) Ve	rificat		ship Assign				D		70002 2			
First Day of Teaching in front of students Grade(s) Taught					Description of Subject/Assignment							
ММ	DD	YYYY	Lowest Grade	Highest Grade								
			Ng.									
Campus/Building Assignment					Name of Mentor Teacher			her	Telephone	e-mail address		
									()			
Name of School District									Coun	County-District Number		
** **												
Typed Name and Title of Superintendent or Authorized Representative				Date			Telephone / email		Signature			
							YYYY	()	()			

NOTE: This form must be completed and returned to the TMATE office before the applicant can be recommended for the probationary certificate. (SBEC-013R2005)