

Crown River Unified School District

"Excellence Flows in Crown River"

123 E. My Address Avenue

Crown River, California

Phone: (916) 555-5555 · Fax: (916) 555-5556 · <http://www.crownriver.com>

Sept 15, 2009

To Whom It May Concern:

I have conferred with **Ima Elltwo Student** regarding the Level II Induction Plan for her **Mild/Moderate** Professional Educational Specialist Credential. She is currently employed by the Crown River Unified School District in a full-time position for the 2009 -2010 school year as a special day class teacher for the mild/moderate program at the Crown River Elementary School.

The following elements are included in the induction process to be facilitated through the Crown River Unified School District, Special Education Department and the California State University, Sacramento (CSUS) College of Education, Department of Special Education Rehabilitation, School Psychology & Deaf Studies.

Ima Elltwo Student is enrolled at CSUS as a graduate student in Special Education to complete the recommended sequence of academic coursework for the Level II Mild/Moderate Credential.

Dr. Patt Kearly and Dr. Rachael Gonzales will serve as her academic advisors at CSUS and as the University members of her Professional Induction Team.

Mr. Ben A. Goodteacher will serve her district-level support provider/mentor on the professional Induction Team. **Mr. Goodteacher** currently holds a **Mild/Moderate** Professional Educational Specialist Credential. He has agreed to be available for consultation and to review **Ima Elltwo Student's** Induction Plan and Level II portfolio as needed.

Should you require any additional information, please feel free to contact me at <http://www.crownriver.com> or (916) 555-1234 x2009.

(Mentor's Signature) (Mentor's Title/Role)
(Administrator's Title)

Mr. Ben A. Goodteacher
Resource Specialist
Crown River Elementary School

(Administrator's Signature)

Dr. Vera Busy
Principal
Crown River Elementary School

BASIC FORMAT for the District Letter Defining Level II Support

(Date)

To Whom It May Concern:

I have met with _____ regarding an Induction Plan for his/her
(Level II Student's First/Last Name)
Professional Level II Educational Specialist Credential (Mild/Moderate, Moderate/Severe,
or Early Childhood). He/she is currently employed in a full-time/part-time (%) position
for the _____ school year as a _____
(School Year) (Job Title/Role)
at the _____
(Employment Location/Address)

The following elements comprise the induction process to be implemented in
cooperation with

_____ School District's Special Education Department and the
(School District)
College of Education at California State University, Sacramento (CSUS).

_____ will be enrolled at CSUS as a graduate student in Special
(Level II Student's Name)
Education to complete the recommended sequence of academic coursework for the
Level II Mild/Moderate, Moderate/Severe, or Early Childhood Specialist Credential.
_____ will serve as the academic advisor at CSUS and as the
(Faculty Advisor/Mentor)
University member of his/her Professional Induction Team.
_____ will serve as a district-level support provider/mentor on the
(District Support Provider)
professional Induction Team. He/she will be available for consultation as necessary, and
will meet periodically to review the Induction Plan and Level II portfolio.

Should you require any additional information, please feel free to contact me at

(Phone Number)

(Field Based Support Provider's Signature /Title)

(Administrator's Signature/Title)

On School or District Letterhead Be sure to make multiple copies

- **One must be submitted to the CSUS Special Education Office**
- **One must be placed in your Level II Portfolio**
- **Keep one as a back-up**