Vermont Mathematics Initiative Application Form

Part V: Principal’s letter and signature sheet

To be completed by the school principal

Name of Teacher Applicant

Administrator’s Name and Position

Please attach responses to this cover sheet. Please note that the responses to these prompts can be included in the letter of recommendation.

1. Please detail how the applicant’s participation in this professional development program will support the improvement of student performance in mathematics at your school.

2. **VMI participants enter the program with greatly varying levels of leadership experience.** Please describe the ways in which you will support this applicant in taking her or his next steps as a teacher leader in your school.

*I have read the Vermont Mathematics Initiative application packet and discussed this application with the district Superintendent. I understand that active support of the VMI participant by the principal or other designated school leader will be required, including attendance at occasional seminars and evening meetings.*

*I understand that our district will be expected to provide release time for the participating teacher to attend VMI sessions, and pay for at least a portion of the 12 UVM graduate credits a participating teacher will receive each year. I have read the portions of this application packet pertaining to cost and administrator support and am committed to assisting the participating teacher find the necessary funds to cover the cost.*

**Note:** The overall goal of the VMI is to improve the teaching and learning of mathematics in the VMI teacher’s school/district. The VMI teacher and the school/district leadership will work together to help achieve that goal. For that reason, *we encourage the school and district to work creatively with the VMI applicant to increase the school or district share of tuition and correspondingly reduce the teacher’s share. A number of strategies have been suggested for doing so, which are listed under the headings “What is the cost?” and “Financial assistance” on the enclosed sheet entitled “Professional Development in Mathematics for K-12 Educators.”*

Signature of Principal __________________________ Date ____________

Signature of Superintendent ______________________ Date ____________

*Please return this cover sheet with attached responses to the applicant. Completed applications, with all signatures and recommendations must be postmarked no later than March 13, 2017.*