[ORGANIZATION LETTERHEAD]

[Organization Name] | [Address] | [City, State ZIP] | [Phone] | [Email]

[Date]

To:
Early Childhood Education Workforce Program
College of Education and Human Development
Governors State University
1 University Parkway
University Park, IL 60484

Dear ECE Workforce Program Admissions Committee,

I am writing on behalf of **[Organization Name]** to confirm our support for **[Employee Full Name]** in their pursuit of a Bachelor's degree and Professional Educator License through the Early Childhood Education Workforce Online Licensure Program at Governors State University.

Employment Verification

[Employee Full Name] has been employed at **[Organization Name]** as a **[Job Title]** since **[Start Date]**. They work with children in [grade level/age group, e.g., "preschool classrooms, ages 3–5"] and have been in this role for more than one full school year. Their employment status is [full-time / part-time — specify hours per week if part-time].

Field Experience Support

Our organization is committed to supporting **[Employee Full Name]** in completing the required clinical field experiences embedded in the program. Specifically, we agree to:

- Allow **[Employee Full Name]** to conduct and document clinical experience and teaching activities within our setting during the course of their program;
- Provide access to children, classroom environments, and materials necessary to fulfill program field experience requirements;
- Permit university supervisors or faculty to observe, virtually or in-person, as needed for program evaluation; and
- Support the job-embedded student teaching component during the candidate's final semester, if applicable and approved. Student teaching may be completed as either a full 16-week K–2 placement or a split placement that includes a job-embedded experience and a final 8-week K–2 placement. If a university-based placement is required for the final 8 weeks, the school will work with the candidate to allow a temporary leave or adjustment to support completion of this requirement.

Mentor Teacher Designation

We have designated **[Mentor Name]**, [Mentor Title/Role], as the on-site mentor for **[Employee Full Name]** throughout the duration of the program. **[Mentor Name]** holds [relevant credential/license, e.g., "a valid Illinois Professional Educator License" or "Gateways Level 5 credential"] and has agreed to:

- Meet regularly with the candidate to provide guidance, feedback, and support;
- Complete evaluations and verification forms as required by the GOVSTATE ECE Workforce Program; and
- Communicate with the candidate's assigned GOVSTATE faculty supervisor as needed.

We fully support **[Employee Full Name]**'s professional development and believe their participation in this program will directly benefit the children and families we serve. We are committed to partnering with Governors State University to ensure a successful experience.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

[Supervisor/Director Name]
[Title]
[Organization Name]
[Phone Number]
[Email Address]

Note: This letter must be signed and submitted on official organizational letterhead. A copy should be retained by the employer for their records.