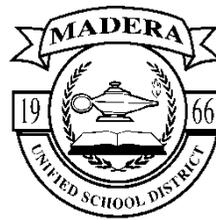


Madera Unified School District



PAR Participating Teacher Memorandum of Understanding

I understand and agree that to receive the full benefits provided by the Peer Assistance and Review (PAR) Program, my participation carries with it certain personal and professional responsibilities and expectations. These responsibilities/expectations include, to:

- Work collaboratively 3 hours per month or more with my assigned Consulting Teacher
- Complete and turn in monthly logs of activities
- Use 3-5 days of released observation time to implement and complete growth goals, as needed
- Use the California Standards for the Teaching Profession (CSTP) as a guide for self-assessment and professional growth
- Attend trainings, and workshops to further my professional growth, as needed
- Participate in evaluation activities of the Peer Assistance and Review Program and its operation (i.e. surveys and questionnaires)

Furthermore, I understand that if I have any questions or concerns about my participation in the Peer Assistance and Review (PAR) program, I should ask the program administrator or a faculty representative of the PAR Committee. If a voluntary PAR Participating Teacher, I may withdraw at any time from the program. To access substitutes, professional development, materials or supplies, I understand that I should contact the Teacher Support Program office at 673-2450

Name _____

Date _____

School _____

Grade /Subject _____

District _____

Signed _____

Eligibility: Teachers with more than two years of teaching experience in Madera Unified School District, or teachers with less than two years of teaching experience, at the discretion of the PAR panel.