[Date]

ESD-U Program

Educational Service District 112

2500 NE 65th Avenue

Vancouver, WA 98661

To Whom It May Concern,

This letter is to verify the good standing of [Applicant’s Name] with the district and to give assurance that we are willing and able to provide appropriate access to instructional opportunities in the upcoming school year for completion of ESD-U program field experience requirements.

[Describe Applicant’s current position/connection with the district]

[Describe Applicant’s knowledge, skills and dispositions that would make them a good candidate for the ESD-U program]

Sincerely,

Your Name

Title

Contact Info