

Transmittal Cover Sheet
For Response to Standards for Bilingual Authorization

(Page 1 of 2)

Bilingual Program Sponsor (Name of Institution and Department)

Complete the information below to help the Commission plan for providing technical assistance in a timely manner during the document review process.

Contact Person: Teresa Huerta Title: Bilingual Coordinator

Department: Literacy and Early Education

Address: 5005 North Maple Avenue Fresno, CA 93740-8025

Phone: 559-278-0364 Fax: 559-278-0107

Email: thuerta@csufresno.edu

Second Contact Person: Robin Chiero Title: Director Curriculum and Instruction

Department: Curriculum and Instruction

Address: 5005 North Maple Avenue Fresno, CA 93740-8025

Phone: 559-278-0240 Fax: 559-278-0107

Email: robinc@csufresno.edu

Submit to: Commission on Teacher Credentialing
Professional Services Division:
Attn: Initial Bilingual Program Documents
1900 Capitol Ave.
Sacramento, CA 95814
Fax (916) 324-8927

THIS FORM HAS TWO PAGES

Transmittal Cover Sheet
For Response to Standards for Bilingual Authorization

(Page 2 of 2)

Chief Executive Officer (*President or Provost; Superintendent*):

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

**I Hereby Signify My Approval to Transmit This Program Document
to the Commission on Teacher Credentialing:**

CEO Signature _____

Title _____

Date _____