

Mentor Application

Name _____

Building _____

Current Assignment (Grade Level/Content Area) _____

Certification Area _____

Years at Current Assignment _____

Previously Been a Mentor in SCSD? _____ **Year** _____

Name of new teacher (if you have already been approached to mentor by principal/supervisor)

-I understand that by applying to be a mentor, I agree to respect the privacy of the person(s) I am involved in mentoring.

-I agree that I will attend a mentor training session (date to be announced) as part of the mentoring program and professional development hours.

-I understand that submission of this application does not guarantee automatic acceptance as a mentor and that my application is considered confidential.

(Teacher's Signature)

(Building Administrator Signature)

(Coordinator/Supervisor Signature)

Please return your application as soon as possible to:

**Mariann Bellai, Assistant Director of Federal & State Programs
Howe Early Childhood Center**