



Faculty Assistant Mentoring Program

Planting the seed for tomorrow's teachers

MENTOR APPLICATION/ACCEPTANCE FORM

Semester: _____ Year: _____ Load % this semester: _____

Mentor's Name: _____

Address: _____ City _____ Zip _____

E-mail Address: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Department: _____

I am teaching the following courses this semester:

Name of Course	Day(s)	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. What specific personal and professional qualities would you bring to mentoring a Teacher Assistant?

2. How are you keeping current with your own professional development? What steps are you taking to be up to date on issues of curriculum and assessment?

3. What do you hope to gain by becoming a mentor?

Years of teaching _____ Years in current position _____

The following mentees have been assigned to me for the Teacher Assistantship/Mentorship Program (complete only if already assigned):

Name of Mentee	Date of 1 st Introductory Meeting	Educational Plan Completed (Y/N)
_____	_____	_____
_____	_____	_____

By signing this form, I hereby acknowledge that I have read the Mentor Guidelines and Code of Conduct and that I am aware and accept my responsibilities as a mentor for the program.

Signature

Date Signed