MULTIPLE SUBJECT
MENTOR TEACHER INFORMATION FORM

Please complete the information for the Mentor Teacher and return on the first class meeting. Some of the requested information will be entered into TEIIS, and consequently, needs to be accurate.

Candidate Name: ____________________________________________________________

School________________________ District______________________________

School Phone Number ____________ School Principal ________________________

MT Name________________________ Grade________________________

MT Work E-Mail ______________________ Room # _____

Preferred way to contact MT__________ School years teaching______________

Prior supervisory experience ( # of student teachers? BTSA Support Provider?)_________

(Note: We have no expectation for prior experience, but like to know this information so we can provide the appropriate amount of support to mentor teachers)

Credentials and authorizations held:

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