

Dennis-Yarmouth Regional School District
MENTOR/ PROTÉGÉ PARTNERSHIP

MENTOR APPLICATION AND ASSIGNMENT FORM

Name: _____ School: _____

Subject/Grade Level: _____ Years in District: _____

Certification(s)/License(s) Held: _____

Principal: _____

Contact information:

E-mail: _____ Phone: _____

Trained? Yes No

If yes, identify training program:

07/Wollak _____ 06/MTA _____ 06/Best Practice _____ Other _____

MTA/Summer _____ 03/04 _____ Sharon Hartley _____ (yr) Online _____

Why do you want to be a mentor? What skills and abilities do you bring to the mentoring process?

Protégé: _____

Protégé School: _____

Grade Level/Subject: _____

I understand that I must have been trained in-district, have evidence of training from another source or consider participating in training offered by the district in order to serve as a mentor in the DY District. I am willing to make the time commitment for the conferencing requirements of the program. I am willing to take responsibility for managing documentation of mentor meetings. I understand that I must submit Mentor Time Logs to the Program Coordinator by the posted deadlines in order to receive the mentor stipend.

Signature: _____ Date: _____