



Orange Public School's Mentoring Program

District Mentoring Plan: The District Plan
Development and Approval Process

This form indicates your desire to mentor a novice teacher in the School District. A copy must be submitted to your principal.

Name: _____ School Phone: _____

School: _____ Assignment: _____

Home Address: _____

City, State, Zip: _____

Years Teaching: _____ Years in Current Position: _____

Signature: _____ Date: _____

Please check any that apply:

- I have been a mentor teacher.
- I have been a cooperating teacher (for student teacher).
- I have received training in working in a mentoring position from a formal course or workshop.

Previous mentoring experience (Please list any prior mentoring experience: Name of novice teacher and year)

Previous mentor training (Please list courses attended)

*It is the responsibility of the applicant to get the signature of the SciP Team.

The applicant has the qualities inherent in establishing a trusting relationship with the beginning professional. This applicant will be able to help the novice teacher face the realities of teaching, set appropriate goals, and model effective teaching practice.

Building Principal

Date

Vice Principal

Date

ScIP Teacher

Date

Department Supervisor

Date