**◆ MENTOR TEACHER APPLICATION◆**

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19 TAC §22.8.2 (12), §228.2 (23), and §228.2 (30): The cooperating teachers, mentors, and site supervisors held the required credentials.

**Mentor or Cooperating Teacher Roles and Responsibilities:**

* Hold a Standard teaching certificate (minimum 3 years)
* Be identified as a model experienced teacher; accomplished educator by a campus administration
* Attend and completed Mentor Teacher Training within the first 3 weeks
* Who is currently certified in the certification category in which the internship candidate/ novice teacher is seeking certification;
* Attend an Intern Development Session with the Intern at the beginning of the second semester (act♦rgv only)
* Who guides, assists, and supports the intern/clinical teacher/novice teacher during internship or clinical teaching or novice teacher’s assignment
* Support and assist in the development of planning, classroom management, instruction, assessment, working with parents, obtaining materials, and district policies
* Meet weekly (individually) for a minimum of 60 minutes weekly to provide high quality support and guidance to the assigned intern/clinical teacher/novice teacher in order to build effectiveness and increase student learning and document on the Mentor Teacher – Intern Team Planning Log
* Formally observe the Intern at least once each semester (total of 2 times) and document
* Submit the completed log and observation documents to the act♦rgv office at the end of the year
* The log, observation documents, and verification of training will be the evidence on which the Mentor Stipend is paid **at the end of the year**
* Submit a copy of certificate and service record
* **Statement of Understanding**
* *I have read and understand the information above. By signing below, I agree to serve and fulfil the responsibilities as the Mentor Teacher. I agree to assist in the development of the act*♦*rgv Intern to the best of my abilities.*
* Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date
* Mentor Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SS# or TEA#: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Years of Teaching Experience: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificates Currently Held: Elementary Secondary Administration

 Bilingual ESL Special Education

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_