

Lancaster Community School District 538.1 - Exhibit
Personnel

TEACHER MENTORSHIP PROGRAM
APPLICATION FORM

If you would like to serve as a mentor, please fill out the form and return it to the Director of Instruction and a copy to the Building Principal.

Name _____ Position _____ Date _____

Date employed by the Lancaster School District.

Building/Area _____ Department/Grade Level _____

1. EVIDENCE OF PROFESSIONAL GROWTH EFFORTS: (Evidence *may* include, but is not limited to graduate coursework, attendance at seminars, workshops, professional conferences, district committee work, etc.)

2. SKILLS OR EXPERTISE SHARED WITHIN THE BUILDING, DISTRICT, OR PROFESSION:
(Evidence may include, but is not limited to leading workshops/seminars, substantive work with a professional organization, activities with a collaborative team, research or writing in the field of education, student activities, etc.)

3. WHY WOULD YOU MAKE A GOOD MENTOR?

Lancaster Community School District

TEACHER MENTORSHIP PROGRAM EVALUATION

During the past school year, you participated in the District mentorship program. Your comments and recommendations are needed. Please complete the evaluation form and return to the Building Principal.

1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree

(Check one box)

	1	2	3	4
1) The Orientation Training Program was beneficial.				
2) The Mentor Training Workshop was beneficial. (Mentors only)				
3) The weekly meetings between new teacher and mentor were beneficial.				
4) The quarterly conference among the new teacher, mentor, and administrative staff were beneficial.				
5) The after-school workshops were beneficial.				

Comments (including personal/professional gains realized as a result of the Mentorship Program) and Recommendations:

Position: (Check one)

_____ New Teacher _____ Mentor _____ Administrative Personnel

Name _____ Date _____

Approved: September 14, 2005