Evans-Brant Central School District Lake Shore Central Schools

Application for Appointment as a Mentor Teacher for the 2022-2023 School Year

Emp	loyee Name:		Date	:	
	Last	First	M.I.		
Employment Date: Month Year		Years Teaching	Previous Mentor	Yes No	
Pleas		ent for the 2022-23 school year (to the exte	ent practicable):	165 110	
Scho	ool:	Instructional Assigr	nment:		
Pleas	se enter the number of years you	have been assigned to this school:			
Pleas	se enter the number of years you	have had this instructional assignment:		<u> </u>	
incre ment	ase the likelihood that a new teac	gram is to ease an employee's transition fr her will be effective/highly effective. We un oportunity for new teachers to improve instr	nderstand that this goal canno	ot be achieved without a	
		ur signature indicates you have read ree to the statements as listed.	I the statements, understa	and your	
1)	I have read the Mentor Teacher	^r Internship Program Goal.			
2)	I have five or more years of teaching experience.				
3)	I am rated an effective or highly effective teacher as per the Annual Professional Performance Review and am currently not on a Teacher Improvement Plan.				
4)	I understand that mentoring activities will not be used as part of any teacher evaluation or for teacher discipline unless withholding information poses a danger to life, health, and/or safety of an individual.				
5)	I agree to keep all interactions with my intern confidential, both during the mentoring year as well as beyond the mentoring year. I will sign MTIP confidentiality agreements that covers both the mentoring year and thereafter.				
6)	I will fulfill mentor expectations, complete required reports, and attend 3 after school mentor-intern workshops (1 hour each) on October 11, 2022, December 6, 2022 and April 11, 2023. These are subject to change if there is a conflict, but the expectation to attend these (or the rescheduled date) after school sessions are required.				
7)	I will attend New Teacher Orientation on August 22, 2022.				
8)	I will attend Mentor Training on	will attend Mentor Training on 8/23/22 if I have not been trained in the last five years.			
9)	I understand that being an LSCTA member is a mentor requirement.				
List	a reference that could be co	ntacted to express your qualification	ns for this position.		
	NAME:		PHON	NE #	
Plea	se share your participation i	n extracurricular and/or building/dis	trict level committees.		
	Applican	t's Signature		Date	