**NO FAULT, EASY OUT POLICY**

This form should be filled out by any member of a mentoring partnership (mentor or intern) who for any reason wishes to discontinue his/her current responsibilities. When the form is completed, it is to be given to the Mentor Teacher Internship Program (MTIP) Facilitator.

Note: All information on this form will be regarded as confidential. The Mentor Steering Committee (MSC) will assign a new mentor intern pairing.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name of Mentoring/Intern Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I have a personal concern with the effectiveness of the mentoring partnership. (Please provide a brief explanation.)

\_\_\_\_\_ I have a professional concern with the effectiveness of the mentoring partnership. (Please provide a brief explanation.)

\_\_\_\_\_ I am taking a temporary leave of absence from mentoring or from my job. (Please provide anticipated starting and ending dates.)

\_\_\_\_\_ Other concern with a brief explanation: