

ADMINISTRATOR MENTORSHIP / EVALUATION FORM

Required for applicants in the MS Alternate Path to Quality School Leadership Program

To be completed by the a	Iministrat a	or applicant:	
Name			
Name	Firs	t	Middle/Maiden
Educator ID # Administrative Position			
School District	School Term		
Superintendent			
Applicant's Signature			
Note: A copy of this form sho	ould be place	d in the applicant's per	sonnel folder.
T-1			
To be completed by admi	ilisti ulloe i	nentor.	
I have served as a mentor school term.	for the adn	ninistrator applican	t named above during the current
Mentor's Signature :			
Print Name:	nt Name: Date:		
To be completed by princ	ipal where	applicant serves in	an administrative position:
			ator applicant named above. The
evaluation of the applicant's perforn	nance is	satisfactory	unsatisfactory (check one)
Principal's Signature:			
Print Name:		Date:_	
Note: The principal shall con	iduct one or i	more evaluations of the	e applicant's performance, using the same
evaluation tools applied to t applicant's performance is so	re evaluation Itisfactory or	n of all administrators runsatisfactory.	. The principal shall then indicate if the