

MENTORSHIP/INDUCTION / EVALUATION FORM

To be completed by the	applicant:	
Name		
Last	First	Middle/Maiden
Educator ID #	Grade/Subject	
School District		School Term
Superintendent		
Applicant's Signature _		
Note: A copy of this form s	should be placed in the app	olicant's personnel folder.
To be completed by men	ntor teacher:	
I have served as a mente	or for the applicant nar	med above during the current school term.
Mentor's Name:		
Mentor's Signature :		
		Date:
To be completed by prin	ncipal where applicant	t teaches:
		gram for the applicant named above. The satisfactory unsatisfactory (check one)
Principal's Signature: _		
Print Name:		Date:
	the evaluation of all teache	ations of the applicant's performance, using the same ers. The principal shall then indicate if the applicant's