

MENTORSHIP/ INDUCTION / EVALUATION FORM

Required **only** for applicants in the ***MS Alternate Path to Quality Teachers Program***

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 should be placed in the applicant's personnel folder.

To be completed by mentor teacher:

I have served as a mentor for the applicant named above during the current school term.

Mentor's Signature : _____

Print Name: _____ Date: _____

To be completed by principal where applicant teaches:

I have provided an induction/mentorship program for the applicant named above. The evaluation of the applicant's performance is satisfactory unsatisfactory (check one)

Principal's Signature: _____

Print Name: _____ Date: _____

Note: The principal shall conduct one or more evaluations of the applicant's performance, using the same evaluation tools applied to the evaluation of all teachers. The principal shall then indicate if the applicant's performance is satisfactory or unsatisfactory.