MENTEE APPLICATION

Personal Information:

Name: _____

SAU/District: _____

Email: _____

Phone: _____ Start date as a special education administrator: _____

Areas of Certification: _____

Application information:

1. Write a brief statement on why you have chosen to participle in the mentee program:

2. Briefly describe what you hope to gain from the mentor/mentee program.

3. Initial the statements below:

_____ I understand the mentee program involves attending a half day training provided by Bureau staff on Tuesday, August 18, 2020 from 9am–1pm along with your assigned mentor.

_____ I understand the mentee program involves working with my mentor at least twice a month either in person, or by phone, webinar, Skype, etc.

_____ I understand the mentee program involves attending a one day workshop on Tuesday, June 8, 2021 from 9am–1pm with the Bureau staff and the mentors.

_____ My resume is attached.

_____ I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, may result in removal from the program.

_____ _____

Signature Date