

Arizona Teacher Mentoring Project Mentoring Administrator Agreement

School District Administrator

Last

First

School Site _____

School Address _____

Street

City

Zip Code

Mentee Teacher _____

Last

First

This agreement outlines the goals and expectations that have been agreed upon for the mentoring partnership between the mentee teacher listed above and The Arizona Teacher Mentoring Project. This form is not a requirement for participation in the Arizona Mentoring Project, but it can be a helpful guideline in setting goals and responsibilities.

Frequency of contact between mentor and mentee teacher:

Bi-Monthly

Monthly

Quarterly

Bi-Yearly

Expected activities between mentor and mentee teacher can include:

Needs Assessment

Lesson Planning, Benchmark, IEPs

Certification Information

Behavior and Classroom Management Strategies

Higher Education Information

Other: _____

Expected Outcomes:

I understand the purpose of the Arizona Teacher Mentoring Project and I agree to allow the mentee teacher listed above to participate in mentoring services with the Arizona Teacher Mentoring Project. I understand that all discussions and all data collected will be kept confidential. I understand that my name and contact information may be shared with the Arizona Department of Education.

(Administrator Signature)

(Date)

For more information about the Arizona Teacher Mentoring Project please go to www.uacoe.arizona.edu/mentoring/ or contact Dr. Maria Nahmias at mnahmias@email.arizona.edu