

Arizona Teacher Mentoring Project Principal Mentoring Agreement

Principal _____
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:

Weekly Bi-Monthly Monthly Quarterly Bi-Yearly

Expected activities between mentor and mentee teacher:

Needs Assessment Lesson Planning, Benchmark, IEPs Certification Information
Behavior and Classroom Management Strategies Higher Education Information
Other: _____

Expected Outcomes:

I agree to support and communicate with the Arizona Teacher Mentoring Project director and mentor(s) on behalf of the teacher at my school site. I also agree to coordinate professional development efforts. I understand the purposes of the Arizona Teacher Mentoring Project are retention and professional development for special educators and I agree to allow the mentee teacher listed above to participate in mentoring activities 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.

(Principal 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