

Arizona Teacher Mentoring Project

Teacher Mentoring Agreement

Mentee Teacher _____
Last First
School Site _____
Teaching Profile _____
Grade Level(s) Subjects/Classroom Classification
Years of Teaching Experience _____ Email _____
School Telephone: _____ Teacher's Telephone: _____
Home Address: _____

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.

Preferred form(s) of interaction:

Telephone E-mail Meeting at School site Meeting away from School Site

Frequency of contact:

Weekly Bi-Monthly Monthly Quarterly Bi-Yearly

Specific days and times you are available:

Mondays Tuesdays Wednesdays Thursdays Fridays
Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

Areas and Activities: (Check those that apply.)

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

Expected Outcomes:

I agree to at least *two site visits* per school year from a mentor with the project and to *attend a seminar* twice a year as requested for professional development for the Arizona Teacher Mentoring Project. I understand the purpose of the Arizona Teacher Mentoring Project and I agree to participate and meet the expectations as outlined in this agreement. 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.

(Mentee 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