

# *Beginning Teacher Support*



## *Madera Induction Program Pre-Credential Teacher Support Peer Assistance and Review Program*

### **MENTOR APPLICATION**

Name of Applicant	District	School Site
Home Address	City	Zip Code
Current Grade/Content Area Assignment	Home/Cell Phone	
Number of Years in Education	District Name	
Other Grades Taught		
Subject(s) Taught.		

**Mark the following that apply to your growth as a professional:**

☐ Doctorate  
☐ MA  
☐ Clear Credentialed classroom teacher  
☐ English Language Development Specialist Credential  
☐ Bilingual Certificate of Competence and/or Bilingual Credential  
☐ Special Education Credential  
☐ Reading Specialist Credential  
☐ Other Credentials: \_\_\_\_\_  
☐ Previous experience as a Mentor Teacher  
☐ Pre-Credential Teacher Support  
☐ Mentor Teacher: years \_\_\_\_\_ Position(s) \_\_\_\_\_  
☐ Curriculum Committee Participant  
☐ Department chair/team leader  
☐ Experience as a teacher trainer/staff development leader  
☐ Site Leadership team  
☐ Subject matter project experience  
☐ Programs trained in (ie. EDI, Language Star, Fred Jones, Lips, See Stars, etc.)  
☐ Other: \_\_\_\_\_

1. Why are you interested in applying as a Mentor Teacher?
  2. What strategies would you use to assist a beginning teacher?
  3. What are your areas of strength as a teacher?
  4. Why would you be effective in the position for which you are applying?
  5. What would you feel uncomfortable coaching/helping with?
  6. What was the rating of your most recent evaluation?
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Signature

Date

**\* Submit the following:**

**\*Mentor Teacher Application, \*Letter of Recommendation from Principal,  
\*Personal Letter of Interest, \*Most Recent Evaluation, \* and a Resume: to  
Steve Thornton, Coordinator-Beginning Teacher Support  
Madera Unified School District  
For additional information, please contact  
stevethornton@maderausd.org**