

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	Number of Years In District	
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?

Signature

Date

*** Submit the following:**

***Support Provider 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
Phone: (559) 673-2450 ~ Fax: (559) 673-4932
stevethornton@maderausd.org**

*Teacher Support Services ~ 29551 Ave 8. ~ Madera, CA 93637
Phone (559)673-2450 Fax (559) 673-4932
“Every Child, Every Day, Whatever It Takes”*