



Teacher Support Services

*Madera Induction Consortium
Pre-Credential Teacher Support
Peer Assistance and Review Program
Teacher Support Mentor 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: _____

*Teacher Support Services ~ 1841 Howard Road ~ Madera, CA 93637
Phone (559) 416-5800 Ext 13001
"Every Child, Every Day, Whatever It Takes"*



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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:**

**Mentor Teacher Application, *Letter of Recommendation from Principal,
*Personal Letter of Interest, *Most Recent Evaluation, * and a Resume*

To:

Steve Thornton, Coordinator-Teacher Support Services

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jessicasalazar@maderausd.org

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