

# Teacher Support Services



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

### MENTOR TEACHER RE-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	
Number of Years as a Mentor Teacher	

Other Grades Taught: \_\_\_\_\_

Subject(s) Taught: \_\_\_\_\_

Overall rating of last evaluation	
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Does your current administrator continue to endorse you as a Mentor Teacher? YES  NO

\_\_\_\_\_  
Signature of your Administer

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Mentor Teacher Signature

\_\_\_\_\_  
Date:

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**(If you haven't already, please submit a Resume)**