

## REQUEST FOR PAYMENT OF MENTOR STIPEND

EDUCATION STANDARDS AND PRACTICES BOARD SFN 59233 (03-2013)

## **Instructions for Mentor:**

- 1. Complete form below
- 2. Attach:
  - a. Completed SFN 59229 Mentor Record of One-on-One Meetings form
  - b. Completed SFN 59228 First-Year Teacher Record of One-on-One Meetings form
  - c. Completed SFN 59279 Record of Observation Time-Fall OR SFN 60347Record of Observation Time-Spring
- 3. Submit to first-year teacher's building administrator for her/him to sign and mail OR obtain administrator's signatures and mail forms yourself to TSS Mentor Project, 2718 Gateway Avenue, Suite 303, Bismarck, ND 58503

Instructions for First-year Teacher's Building Administrator: Verify completion of all requirements. Sign and return to mentor OR mail to TSS Mentoring Project, 2718 Gateway Avenue, Suite 303, Bismarck, ND 58503.

Date Submitted					
Name of Mentor	Mentor's School		ND Educator's Professional License Number		
Home Mailing Address (include street or PO number)	Cit	ity		State	Zip Code
Name of First-year teacher		First-year Teacher's School			
Name of First-year Teacher's Building Administrator					
Stipend requested for:    Gamma   Fall   Spring   Year					
Requirements:					
☐ Triad meeting with first-year te ☐ Completion of a minimum of 19 ☐ Completion of minimum time of 19 ☐ Completion of minimum of reconstruction of minimum of the complete of the series of the serie	5 hours of one- of observing first- ording of first-y r (Fall) OR	-on-on st-year year tea □ □	e conferencir teacher acher Participation Participation	ng with first	Forum #1 (Spring) r Forum #2 (Spring)
Signature of Mentor					Date
Signature of Administrator					Date
For use by Teacher Support System					

All tools for the Teacher Support System Mentoring Grant can be found online at http://www.nd.gov/espb/profdev/forms.html