

MENTORSHIP / INDUCTION / EVALUATION FORM

(Required **only** for applicants in the Mississippi Alternate Path to Quality Teachers Program.)

To be completed by the applicant:

Name _____

Last

First

Middle/Maiden

Social Security # _____

Grade/Subject _____

School District _____

School Term _____

Superintendent _____

Principal _____

Mentor _____

Applicant's Signature _____

Note: The original of this form should be included in the licensure application packet. A copy of the form should be placed in the applicant's personnel folder.

To be completed by mentor teacher:

I have served as a mentor for the applicant named above during the current school term.

Mentor's Signature : _____ Date: _____

To be completed by principal where applicant teaches:

I have provided an induction/mentorship program for the applicant named above. The evaluation of the applicant's performance is ___satisfactory ___unsatisfactory (check one).

Principal's Signature: _____ Date: _____

Note: The principal shall conduct one or more evaluations of the applicant's performance, using the same evaluation tools applied to the evaluation of all teachers. The principal shall then indicate if the applicant's performance is satisfactory or unsatisfactory.

****PLEASE NOTE: This original form is to be returned to applicant for inclusion in application packet. A copy of the form is to be included in applicant's personnel folder.**