



Education Unit

Supervising Practitioner (Mentor) Application Form

Selection Criteria

- Ability to mentor beginning teachers, time to observe and work with teacher candidates to provide support, guidance and expertise in a nurturing, constructive manner, including using Fitchburg State assessment forms.
- Provide opportunities for teacher candidates to implement best practices as defined by the University program.
- Provide feedback about the teacher candidate's knowledge, skills and dispositions to the university supervisor, whose responsibility it is to assign a grade.
- Hold licensure in the candidate's field of study with minimally 3 years of teaching under the initial license.
- Have recognized excellence in teaching including the support of the building Principal (*page 2 of this Application*).
- Eligible supervising practitioners must have a rating of proficient or higher on their last Teacher Evaluation (if implemented within the district.)

Compensation

Teachers who mentor Fitchburg State practicum candidates in their practicum site will be awarded a 1.5 credit tuition voucher for 8 weeks of supervision and a 3 credit tuition voucher for 16 weeks of supervision. Vouchers are transferable. All assigned supervising practitioners/mentors receive documentation of hours spent in supervision.

Part A. Educational Preparation *Please attach resume if readily available*

Supervising Practitioner's Name: _____

Teacher Candidate's Name: _____

Subject and Grade Currently Teaching: _____

School: _____ Phone #: _____

Address: _____

City/Town/Zip code: _____

Email address _____ Can students contact you here? Yes ☐ No ☐

UNIVERSITY/COLLEGE	DEGREE	MAJOR(S)	GRADUATION DATE

Part B. Licenses Held in Massachusetts *if possible, attach copy of License(s)*

FIELD/LEVEL OF LICENSE(S)		LICENSE NUMBER (required)	TYPE OF LICENSE(S) <i>please check</i>		
1			<input type="checkbox"/> Provisional	<input type="checkbox"/> Initial	<input type="checkbox"/> Professional
2			<input type="checkbox"/> Provisional	<input type="checkbox"/> Initial	<input type="checkbox"/> Professional
3			<input type="checkbox"/> Provisional	<input type="checkbox"/> Initial	<input type="checkbox"/> Professional

Supervising Practitioner MEPID Number: _____

Part C. Professional Status *Please check all that apply*

- ☐ I have been teaching under an initial license full time for at least 3 years.
- ☐ I have professional status in my current district.
- ☐ I have held professional status in other districts. (Please list)

I wish to be considered as a mentor teacher for the following grade(s) and subject matter:

Please share any special area of interest or skills that will help us in assigning candidates for you.

I attest that the above licensure information is correct and on file with the Massachusetts Department of DESE

Mentor Teacher Signature

Date

Part D. Principal's Verification

Principal's Name: _____ Phone Number: _____

Email Address: _____

District: _____

My signature certifies that this teacher meets the above selection criteria, has the license(s) indicated in Part B and has my approval to host a Fitchburg State University practicum candidate. My signature also certifies that this teacher has earned a rating of proficient or higher on the new Teacher Evaluation System, if implemented within the District.

I offer the following recommendation regarding this teacher as a mentor of beginning teachers:

- ☐ Do not recommend
☐ Recommend with reservation (Please explain)

- ☐ Recommend
☐ Highly recommend

Comments:

Signature of Principal/Vice Principal

Date

Part E. Action by the Office of Licensure

- ☐ Approved as a mentor.
☐ Not approved as a mentor.
☐ Other: Specify _____

Lourdes Ramirez
Coordinator of Field Placements, Partnerships, and Recruitment

Date

Please return to:
Lourdes Ramirez, Coordinator of Field Placements, Partnerships, and Recruitment
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