



**Education Unit**

***Mentor Teacher/Supervising Practitioner 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 mentors must have a rating of proficient or higher on their last Educator Evaluation System (if implemented).

**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. ([www.fitchburgstate.edu/edunit](http://www.fitchburgstate.edu/edunit) >Supervising Practitioners >Practicum Handbook page 9)

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

Mentor Name: \_\_\_\_\_  
 Subject/Grade/Currently Teaching: \_\_\_\_\_  
 School: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town/Zip code: \_\_\_\_\_  
 Email address \_\_\_\_\_ Can students contact you here? Yes  No

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 or MEPID NUMBER ( <i>required</i> )	TYPE OF LICENSE(S) <i>please check</i>
1		<input type="checkbox"/> Preliminary <input type="checkbox"/> Initial <input type="checkbox"/> Professional
2		<input type="checkbox"/> Preliminary <input type="checkbox"/> Initial <input type="checkbox"/> Professional
3		<input type="checkbox"/> Preliminary <input type="checkbox"/> Initial <input type="checkbox"/> Professional
4		<input type="checkbox"/> Preliminary <input type="checkbox"/> Initial <input type="checkbox"/> Professional

**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 ESE**

\_\_\_\_\_

*Mentor Teacher Signature*

\_\_\_\_\_

*Date*

**Part D. Principal's Verification**

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 Educator 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)

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- Recommend
- Highly recommend

**Comments:**

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*Signature of Principal/Vice Principal*

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*Date*

**Part E. Action by the Office of Licensure**

- Approved as a mentor.
- Not approved as a mentor.
- Other: Specify \_\_\_\_\_

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*Jason M. Miles, M.Ed.*  
*Coordinator of Field Placement and Partnerships*

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*Date*

*Please return to:*  
**Jason M. Miles, Coordinator of Field Placement and Partnerships**  
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