MENTOR TEACHER AGREEMENT FOR ONE-SEMESTER INTERNS

The following teacher has served as the range (PLEASE PRINT CLEARLY) Student Teacher:	mentor teacher for:	
Mentor Teacher:		
School District:		
School Building:		
Address (School):		
City, State, Zip:		
School Email Address:		
Phone:		
Grade or subject level currently teach	ing:	
Total yrs. teaching experience:	Years in current position:	
Yes, I have a plaque.	No, I do not have a plaque.	
**Mid-term and end of semester evaluations on program standards and dispositions are an essential element of our college assessment system. We appreciate your timely submission of the forms.		

When completed, return this form via e-mail to Julie Wasson jwasson@uidaho.edu

Revised 5/11/2009