

MENTOR TEACHER AGREEMENT FOR ONE-SEMESTER INTERNS

The following teacher has served as the mentor teacher for: (PLEASE PRINT CLEARLY)

Student Intern: _____

Mentor Teacher: _____

School District: _____

School: _____

Address (**School**): _____

City, State, Zip: _____

School Email Address: _____

School Phone: _____

Grade or subject level currently teaching: _____

Total yrs. teaching experience: _____ Years in current position: _____

The honorarium should be mailed to this **home address**:

Address (**Home**): _____

City, State, Zip Code: _____

Telephone Number: _____

University of Idaho V Number (if known): _____

Please complete the attached Substitute W-9 and Direct Deposit Authorization. If you have submitted a W-9 to the University in the last year, there is no need to complete a new W-9 unless your address or name have changed. Please return the completed W-9 directly to Jennifer Kay in the CONFIDENTIAL envelope enclosed if needed.

PLEASE INDICATE YOUR RATE OF COMPENSATION

Full-Semester Student Intern (has student full-time for entire semester)

_____ \$250.00 Honorarium Fee

Half-Semester Student Intern (has student half-time or half of the semester)

_____ \$125.00 Honorarium Fee

Please indicate below if you have already received a plaque from the College of Education, Health and Human Sciences for a previous student intern.

_____ 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 will mail Supervisor and Mentor honoraria upon receipt of the both the mid-term and end of semester completed evaluations. We appreciate your timely submission of the forms.**

When completed, please mail forms to: College of Education, Health & Human Sciences – Internships, University of Idaho, 875 Perimeter Drive MS 3084, Moscow, Idaho 83844-3084 or email to Jennifer Kay at jkay@uidaho.edu.