



Fax completed and signed to: **763-433-1485**

DLiTE Program - Teacher Mentor Application

Your Name: _____ Date: _____

Your Student Mentee's Name _____

Current Employment: District _____ Name of Public School _____

Teacher MN Teaching License Number _____ Current Teaching Position _____
Grade Level _____

**The mentor teacher must be licensed in the area in which student is seeking licensure. For instance, if you are seeking a K-6 license, your mentor needs to be licensed K-6. If you are seeking a 9-12 Chemistry license, your mentor needs a 9-12 Chemistry license. If you are seeking a K-12 SPED license, your mentor needs that license.*

How many years have you been a teacher _____ List all experience levels _____

Explain why you feel you would make a good mentor for a DLiTE Student:

How would you rate your technology skills? _____ D2L Experience? _____

How much experience do you have with other distance education programs? _____

Please identify the program if applicable _____

How many teacher education students have you mentored in the past? _____

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Home Address: _____

_____ **Zip Code** _____

Phone: (____) _____ **Cell:** (____) _____ **Other:** (____) _____

Email: (please print clearly!) _____

Social Security # _____ *(required for Bemidji to issue payments to you)*

Birthdate: _____ *(mo/date/yr) (required for contract to issue payments)*

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*My current Principal is aware of my desire to serve as a mentor in this program and is supportive of my assuming this role.

Principal Name (Please Print) _____

Principal Signature: _____ Date: _____

Teacher Mentor Name (Please Print) _____

Teacher Mentor Signature: _____ Date: _____