



FasTrack Initiative - Teacher Mentor Application

Your Name: _____ Date: _____

Your Student Mentee's Name _____

Current Employment: District _____ Name of Public School _____

Teacher MN License Number _____ Current Teaching Position _____

Grade Level _____ * Each student is required to choose a secondary Teacher Mentor with three years of experience currently teaching in their content area in a public school to support them throughout their FasTrack learning experience. The mentor teacher must be licensed in the area in which the student is seeking licensure. For instance, if student is seeking a K-6 license, the mentor needs to be licensed K-6. If they are seeking a 9-12 Chemistry license, the mentor needs a 9-12 Chemistry license. If they are seeking a K-12 SPED license, the mentor needs that license. The Teacher's license number is also needed.

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

Explain why you feel you would make a good mentor for a FasTrack 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: _____

Please feel free to contact us at: fastrack@bemidjistate.edu 1-800-723-3567