



FasTrack Initiative - Teacher Mentor Application

Your Name: _____ Date: _____

Your Student Mentee's Name _____

Current Employment: District _____ Name of Public School _____

Current Teaching Position _____ Grade Level _____

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? _____

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)*

*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