



(Preferred) Scan & email to either

**FASTRACK:** [fastrack@bemidjistate.edu](mailto:fastrack@bemidjistate.edu)

**DLiTE:** [dliite@bemidjistate.edu](mailto:dliite@bemidjistate.edu)

Or

Fax to: 763- 433 -1485

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### PEDL (DLiTE or Fastrack) - Teacher Mentor Application

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Student Mentee's Name \_\_\_\_\_ Student ID number \_\_\_\_\_

Current Employment: District \_\_\_\_\_ Name of Public School \_\_\_\_\_

Teacher MN Teaching License File Number \_\_\_\_\_

**Circle your current MN licenses:**

Elementary k-6	SPED ASD k-12	SPED SLD k-12	SPED EBD k-12
Social Studies 5-12	Math 5-12	Health 5-12	Physical Ed k-12
Comm Arts & Lit 5-12	Physics 9-12	Chemistry 9-12	Life Science 9-12
Middle 5-8 Science	Earth Science 9-12	Library Media k-12	Technology Ed 5-12
Other(s) _____			

Current Teaching Position \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

*\*Please note: The mentor teacher must be licensed in the area the candidate is seeking licensure. For example: If the candidate is earning a 9-12 chemistry license their mentor must have a 9-12 chemistry license. If the mentor is earning a k-12 EBD license, the mentor must have an EBD 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 FasTrack or DLiTE Student:

How would you rate your technology skills? \_\_\_\_\_

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)** \_\_\_\_\_



\*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: \_\_\_\_\_