Circle your current MN licenses:

Elementary k-6
Social Studies 5-12
Comm Arts & Lit 5-12
Middle 5-8 Science
SPED ASD k-12
Math 5-12
Physics 9-12
Earth Science 9-12
SPED SLD k-12
Health 5-12
Chemistry 9-12
Library Media k-12
SPED EBD k-12
Physical Ed k-12
Life Science 9-12
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? _________________________

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:___________________________

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