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

**or**

**DliTE:**  dlite@bemidjistate.edu

**-**

PEDL (DLiTE or Fastrack) - Teacher Mentor Application

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester You Will Begin Mentoring (circle one) Fall or Spring Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Rev 11– 20