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or
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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: _____

_____ **Zip Code** _____

Phone: (____) _____ **Cell:** (____) _____ **Other:** (____) _____

Email: (please print clearly) _____

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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: _____