School for Graduate Studies

M.A.T. First Mentored Teaching Agreement

School/district ____________________________________________________________

Student ________________________________________________________________

College faculty supervisor ________________________________________________

Begin date (required) ___________________________  End date (required) ________________

Consultation to Determine Teaching Load and Assurance of Daily Mentoring

The signatures below indicate that the student, a representative of the college and a representative of the school or school district have met to determine the student’s teaching load for the first semester of the student’s employment. The signatures also indicate that the student will be provided with daily mentoring by a certified teacher who has been trained as a mentor for the first eight weeks of the student’s initial teaching assignment. The student and mentor will engage in planning, observation, advisement and evaluation at times appropriate to the mentor and student’s schedules.

Signatures

Student ____________________________________________________________  Date __________________________

School/district representative,
principal or designee_________________________________________________________  Date __________________________

College representative ____________________________________________________  Date __________________________

School/district mentor teacher _____________________________________________  Date __________________________

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