School for Graduate Studies
M.A.T. Second Mentored Teaching Agreement
To be executed prior to the end of the first eight week period of the student’s employment

School/district _____________________________________________________________________________________

Student ___________________________________________________________________________________________

College faculty supervisor ___________________________________________________________________________

Begin date (required) ____________________________   End date (required) __________________________________

Schedule for Continued Mentoring

The signatures below indicate that the student will receive continued mentoring and advice from the mentor teacher and college mentor at least once a month, at times appropriate to the mentor and student’s schedules. The signatures also indicate that the mentor teacher, in consultation with the student, the principal and the college mentor, has determined that this schedule for continued mentoring meets the needs of the student.

Signatures

Student __________________________________________________________  Date __________________________

Principal or designee_______________________________________________  Date __________________________

College representative _____________________________________________  Date __________________________

School/district mentor teacher _________________________________________  Date __________________________

Rev. 8/2012