

## SCHOOL DISTRICT #71 COMOX VALLEY MENTOR APPLICATION



Date of Application:	Name:
E-mail:	School:
Grade/Subjects Currently Assigned:	
Grade/Subjects Taught in the Past:	
Number of Years in District:	Number of Years Teaching:
Why would you like to be a mentor?	
PLEASE CHECK THE AREA(S) BELO	OW THAT BEST MATCH YOUR INTERESTS IN MENTORSHIP.
INFORMATION ABOUT POLICIES & PROCEDURES	ACCESSING RESOURCES
teacher evaluation systempaperwork/deadlineexpectations of principalcommunicating with parentsdistrict policies and procedures	<pre>organizing/setting up classroomaccessing materials &amp; resourcesarranging field tripsordering materialsusing library &amp; resourcesworking with support services</pre>
MAD MANG MANGH COMPLETION	MANAGING THAT
working with students establishing class routinesmotivating reluctant learnersmaintaining student disciplineassessing student needsadapting/modifying for individual learnersimplementing curriculumevaluating student progress	organizing my day/weeklesson planningfollowing daily/weekly scheduleattending meetings
WELLNESS	OTHER AREAS I WOULD LIKE TO ADDRESS:
student health and wellness	

<sup>\*</sup> When completed Mentor Application form, go to top left, "File", "Save As" and save to your desktop. Email the form as an attachment to email: teacher.prod@sd71.bc.ca