



Mentor Participation Form

Name of the Intern _____

Name of School & District _____

Note: The mentor must be a licensed practicing administrator with a minimum of 3 years of administrative experience in the area in which the intern is seeking licensure.

Name of Mentor _____

Current Administrative Position _____

Name of School & District _____

Number of Years of Administrative Experience _____

Number of Years of Teaching Experience _____

Highest Degree of the Mentor _____

Work Phone _____ Fax _____

Mailing Address _____

Email address(es) _____

I have discussed the administrative internship experience with the above-named intern. I agree the intern may work in our building or program and I will supervise the intern.

Signature of Mentor

Date

Signature of Intern

Date