

MENTORING TRANSFER TEMPLATE

District/Nonpublic School: _____

Novice Provisional Teacher's Name: _____

Novice Provisional Teacher's PLMRS Tracking Number: _____

Check One: • CE • CEAS

School District Contact: (Name of individual who can provide information about the mentoring that occurred and the mentoring fees that were paid while the provisional teacher was employed in the district)

Name (Please print): _____ Title: _____

Phone (incl. ext.): _____ Email: _____

Novice Provisional Teacher's Mentor: _____

Date One-to-One Mentoring began: Month: _____ Year: _____

Required initial, weekly one-to-one meetings have been completed: • Yes • No

Total # of weeks of mentoring completed (out of 30 minimum): _____

By signing below, you are attesting to the accuracy of this document:

*Signature, Chief School Administrator (or designee)
or Nonpublic School Lead (or designee)*

Printed Name

Date