



MENTEE INFORMATION SHEET

Teacher Mentorship Program
(A two-year program)

Name:	School:
Current Assignment:	Email:
Work Phone:	Cell Phone:

Teaching Experience (list the most recent experience first)

School	Grade Level(s)	Dates

If known, please provide the name(s) and contact information of any qualifying teacher(s) whom you would be willing to accept as a mentor throughout the upcoming school year.

Name	School	Email	Phone

Which areas of teaching and learning would you most want to focus on with your mentor in the mentorship program?

What strengths can you bring to building an effective mentoring relationship?

What experiences have you had with professional collaborations, learning teams, inquiry projects, committee or task force work of a similar nature?

All mentors and mentees participating in the Teacher Mentorship Program are bound by the BCTF Code of Ethics.

Signature:

Date: