

## MENTOR 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 mentor throughout the upcoming school year.

Name	School	Email	Phone

As a teacher mentor, how will you support your colleague? Please use point form to respond.

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

What previous experiences have you had in a mentoring role?

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: