

ATTACHMENT XXI

WESTLAKE CITY SCHOOL DISTRICT  
MENTOR PROGRAM

APPLICATION FORM FOR MENTOR TEACHER

Name \_\_\_\_\_ School \_\_\_\_\_  
Grade/Assignment \_\_\_\_\_ Years in District \_\_\_\_\_  
Years of teaching experience \_\_\_\_\_ Pathwise trained \_\_\_\_\_ (Date)  
Do you hold a continuing contract? \_\_\_\_\_

1. Summarize your educational background:
2. Summarize your teaching experiences.
3. List some of your teaching strengths:
4. Tell about some of your professional services to your building/district. (i.e., in-service, grants, curriculum writing, awards, etc.)
5. Why would you like to become a mentor teacher?

PLEASE RETURN TO THE PRINCIPAL BY AUGUST 1<sup>ST</sup>