



PARAPROFESSIONAL PREPARATION FOR EXTRAORDINARY TEACHING (PPET)

MENTOR FORM

Mentor's Name, Date of Birth, Gender, Ethnicity, Home Address, Home Telephone #, School Division, School/Office #, School/Office Name, School/Office FAX #, School /Office Address, Mentor e-mail address

Teaching assignment/administrative position (Mentor must have at least three years of successful teaching experience in Learning Disabilities, Emotional Disturbance, and/or Mental Retardation to qualify as a mentor for the Paraprofessional Preparation for Extraordinary Teaching program)

Virginia teaching license(s) you currently hold (cannot be a provisional/conditional license):

Collegiate Professional, Postgraduate Professional

Specific Endorsement(s), Expiration Date

Years of teaching experience

Highest college degree earned, Major

Name of participant (mentee)

TELETECHNET site participant plans to attend

I agree to fulfill the Mentor Responsibilities as stated in the CSEEP Administrative Manual (6th ed.) (available online at www.odu.edu/cseep).

Print name of mentor

Signature of mentor, Date

Print principal's name (or designated official)

Signature of principal or Designated Official

Date

Please send applications to: Teacher Education Services, Education Building, Room 152, Old Dominion University, Norfolk, VA 23529 Or Fax to: 757-683-4872 Attn: PPET