



P.A.L.S. Mentor Teacher Program
 Tyler Independent School District
 Office of Staff Development
 903-952-4013

MENTOR TEACHER INFORMATION

Full Name
 (Print) _____

School
 Location _____

Subject
 Area _____

Grade
 Level _____

Years of Experience _____

Last Certification Date _____

MENTOR

I understand the purpose and criteria of the P.A.L.S. Mentor Teacher Program and I agree to participate and meet the expectations as outlined in this contract.

Signature

Date

PRINCIPAL

I am aware that the teacher listed is a certified mentor in the P.A.L.S. Mentor Teacher Program. I have confidence that this teacher meets the expectations of the program and will perform the requirements outlined in this contract.

**MENTOR
 CONTRACT**

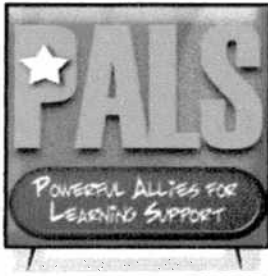
Mentors are expected to:

- Schedule sustained weekly interaction with the beginning teacher through a common planning time, in team meetings, one-to-one conferences, telephone conversations, email, or during classroom visits
- Provide information about procedures, guidelines, or expectations of the school district
- Collect, disseminate, or locate materials or other resources
- Demonstrate highly skilled relationship building skills
- Maintain a weekly contact log with a minimum of 40 hours of contact per year
- Participant in the scheduled campus P.A.L.S. Learning Circles led by the Lead Mentor once each six-weeks
- Sign a Mentor/Mentee Confidentiality Statement
- Participate in scheduled mentor webinar sessions when scheduled
- Maintain up to date mentor certification.
- Evaluate the P.A.L.S. Mentor Program through a survey at the end of the year
- Submit accurate mentor records to Campus Lead Mentor by May 13, 2011.



Bio Poem for Mentors and Beginning Teachers

1. First name only
2. 4 traits that describe you
3. Son/Daughter of.. OR Wife/husband of..
4. Sibling of (or not) _____ who/whose...
5. Lover of 3 people/concepts/things
6. First name with middle name (or initial)
7. Who feels 3 things
8. Who needs 3 things
9. Who gives 3 things
10. Who fears 3 things
11. Who would like to see 3 things
12. Resident of city, state, street—you decide
13. First Middle and Last name



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www.washtoe.k12.tx.us/mentorteacher

MENTOR TEACHER	

(Print Mentor Teacher's Full Name)	
_____	_____
(School)	(Date)

Needs Assessment Questionnaire for MENTORS

PART A.

Please choose the response for each item that most nearly indicates YOUR level of need for assistance in the area described in the item.

LN = Little or No Need	SN = Some Need	MN = Moderate Need	HN = High Need	VHN = Very High Need	
A. <input checked="" type="radio"/> LN SN MN HN VHN	A. LN <input checked="" type="radio"/> SN MN HN VHN	A. LN SN <input checked="" type="radio"/> MN HN VHN	A. LN SN MN <input checked="" type="radio"/> HN VHN	A. LN SN MN HN <input checked="" type="radio"/> VHN	
Learning more about what is expected of me as a mentor	LN	SN	MN	HN	VHN
Collecting classroom observation data	LN	SN	MN	HN	VHN
Diagnosing needs of my mentee(s)	LN	SN	MN	HN	VHN
Interpersonal skills	LN	SN	MN	HN	VHN
Assisting my mentee(s) with classroom management	LN	SN	MN	HN	VHN
Helping my mentee(s) develop a variety of effective teaching strategies	LN	SN	MN	HN	VHN
Using principles of adult learning to facilitate the professional growth of my mentee(s)	LN	SN	MN	HN	VHN
Socializing my mentee(s) into the school culture	LN	SN	MN	HN	VHN
Helping my mentee(s) maintain student discipline	LN	SN	MN	HN	VHN
Helping my mentee(s) design a long-range professional development plan	LN	SN	MN	HN	VHN
Finding resources and materials for my mentee(s)	LN	SN	MN	HN	VHN
Providing emotional support for my mentee(s)	LN	SN	MN	HN	VHN
Co-teaching with my mentee(s)	LN	SN	MN	HN	VHN
Managing my time and work	LN	SN	MN	HN	VHN
Problem-solving strategies	LN	SN	MN	HN	VHN
Collecting classroom observation data	LN	SN	MN	HN	VHN
Helping my mentee(s) assist students with special needs	LN	SN	MN	HN	VHN
Helping my mentee(s) motivate students	LN	SN	MN	HN	VHN
Helping my mentee(s) diagnose student needs	LN	SN	MN	HN	VHN
Helping my mentee(s) deal with individual differences among students	LN	SN	MN	HN	VHN
Engaging in expert coaching of my mentee(s)	LN	SN	MN	HN	VHN

PART B.

List any needs you have as a mentor that are not addressed by the preceding items:

Please complete the needs assessment, keep a copy, and give a copy to the Campus Lead Mentor/



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NOVICE TEACHER

(Name—optional)

(School) (Date)

Needs Assessment Questionnaire for NOVICE Teachers

PART A.

Please choose the response for each item that most nearly indicates YOUR level of need for assistance in the area described in the item.

LN = <u>Little or No Need</u>	SN = <u>Some Need</u>	MN = <u>Moderate Need</u>	HN = <u>High Need</u>	VHN = <u>Very High Need</u>
A. LN <input checked="" type="radio"/> SN MN HN VHN	A. LN <input checked="" type="radio"/> SN MN HN VHN	A. LN SN <input checked="" type="radio"/> MN HN VHN	A. LN SN MN <input checked="" type="radio"/> HN VHN	A. LN SN MN HN <input checked="" type="radio"/> VHN

Finding out what is expected of me as a teacher	LN	SN	MN	HN	VHN
Communicating with the principal	LN	SN	MN	HN	VHN
Communicating with other teachers	LN	SN	MN	HN	VHN
Communicating with parents	LN	SN	MN	HN	VHN
Organizing and managing my classroom	LN	SN	MN	HN	VHN
Maintaining student discipline	LN	SN	MN	HN	VHN
Obtaining instructional resources and materials	LN	SN	MN	HN	VHN
Planning for instruction	LN	SN	MN	HN	VHN
Managing my time and work	LN	SN	MN	HN	VHN
Diagnosing student needs	LN	SN	MN	HN	VHN
Evaluating student progress	LN	SN	MN	HN	VHN
Motivating students	LN	SN	MN	HN	VHN
Assisting students with special needs	LN	SN	MN	HN	VHN
Dealing with individual differences among students	LN	SN	MN	HN	VHN
Understanding the curriculum	LN	SN	MN	HN	VHN
Completing administrative paperwork	LN	SN	MN	HN	VHN
Using a variety of teaching methods	LN	SN	MN	HN	VHN
Facilitating group discussions	LN	SN	MN	HN	VHN
Grouping for effective instruction	LN	SN	MN	HN	VHN
Administering standardized achievement tests	LN	SN	MN	HN	VHN
Understanding the school system's teacher evaluation process	LN	SN	MN	HN	VHN
Understanding my legal rights and responsibilities as a teacher	LN	SN	MN	HN	VHN
Dealing with stress	LN	SN	MN	HN	VHN
Dealing with union-related issues	LN	SN	MN	HN	VHN
Becoming aware of special services provided by the school district	LN	SN	MN	HN	VHN

PART B.

List any professional needs you have as a novice that are not addressed by the preceding items:

Please complete the needs assessment, keep a copy, and give a copy to your Mentor(s).



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Mentor Teacher / Beginning Teacher Interactions Contact Log

First Semester Report – December 15, 2010

Second Semester Report—May 10, 2011

Mentor Teacher Information	Beginning Teacher Information
(Name)	(Name)
(School Campus)	(Signature)

Date:		Time Spent:	
Type Of Contact		Discussion/Questions Asked/Major Insights	
One on One Meeting Journal Exchange E-Mail Phone Call Classroom Observation Learning Circle Staff Development Session Other: _____ _____			
Date:		Time Spent:	
Type Of Contact		Discussion/Questions Asked/Major Insights	
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