

**Berlin Central School District**  
**Teacher Mentor Application for \_\_\_\_\_ school year**

**Contact Information**

Name \_\_\_\_\_ Building Principal \_\_\_\_\_  
Street Address \_\_\_\_\_ School \_\_\_\_\_  
City \_\_\_\_\_ School Phone(\_\_\_\_) \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
School e-mail \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_  
Home e-mail \_\_\_\_\_

**Professional Profile**

Area(s) of Certification \_\_\_\_\_ Content Specialty \_\_\_\_\_  
Years of experience in BCSD \_\_\_\_\_ Grade levels taught \_\_\_\_\_  
Years of experience elsewhere \_\_\_\_\_ Related experience \_\_\_\_\_

**Have you received:**

Tenure in Berlin Central School District \_\_\_\_\_  
NYS permanent certification \_\_\_\_\_  
Mentor Training \_\_\_\_\_

**Have you:**

Mentored previously \_\_\_\_\_ Supervised Student Teachers \_\_\_\_\_  
Been part of an Interdisciplinary Team \_\_\_\_\_

**Administrative recommendation**

**Recommend ( )**

**Not recommended at this time ( )**

---

Building Principal's Signature (Date)

Teacher Signature (Date)

---

Please return completed and signed application to Mentor Steering Committee

Name \_\_\_\_\_

**Professional Reflection**

**A) Directions: Please address each of the following two (2) questions.**

- 1. Identify and describe *three personal qualities/characteristics* that will make you an effective mentor.**

---

---

---

---

---

---

---

---

- 2. What strategies you use currently to *customize instruction to meet the needs of diverse learners* will you share with a new teacher?**

---

---

---

---

---

---

---

---

Name \_\_\_\_\_

**B) Directions: Please choose and answer any 2 of the following five (5) questions.**

1. Provide an example of a *collaborative work experience* that has impacted your students academic achievement and/or social/emotional development.

---

---

---

---

---

---

2. Describe your most recent professional development experience *that has influenced your teaching and impacted student achievement.*

---

---

---

---

---

---

3. What assessments are you currently using to *evaluate student progress toward meeting NYS Learning Standards?*

---

---

---

---

---

---

Name \_\_\_\_\_

4. How have you engaged *the home and community* in your instructional program?

---

---

---

---

---

---

---

---

5. How will you support a new teacher in *developing an effective time management plan*?

---

---

---

---

---

---

---

---