



Mentorship Application – Teachers Helping Teachers

Mentorship is when an experienced and trusted teacher facilitates the professional growth of another colleague /teacher.

Date of Application: _____ **School:** _____

Name of applicant(s): _____

E-mail(s): _____

Grade/Subjects Assigned: _____ **Number of Years Teaching:** _____

The mentor I/we would like to work with is: _____

I/we do not have a mentor in mind, please find one for me _____

In my mentorship partnership I would like to work on (see suggestions below): _____

- | | | |
|--|----------------------|----------------|
| - establishing class routines | - local field trips | - Numeracy |
| - organizing/setting up classroom supports | - Physical Literacy | - Literacy |
| - evaluating student progress | - Body Science K-7 | - reporting |
| - increasing technology skills | - Sexual Health 8-12 | - e-portfolios |
| - implementing student voice/student reflection | - French Immersion | - MYEDBC |
| - maintaining student discipline | - Gender Inclusions | - S.T.E.M. |
| - maintaining personal/professional balance | - outdoor learning | - ADST |
| - motivating reluctant learners | - lesson planning | |
| - communicating with parents | | |
| - sustainability/environmental curriculum | | |
| - implementing specific content (specify in learning intention) | | |
| - Implementing the First Peoples Principles of Learning and Indigenous content | | |

Release Time: There are up to 2 days available.

Please select the amount of release time you are requesting for the applicant and mentor.

APPLICANT

Please select the release time you are requesting:

0.6 morning

0.4 afternoon

1 day release

2 days release

MENTOR

Please select the release time you are requesting:

0.6 morning

0.4 afternoon

1 day release

2 days release

**Thank you for your application. Please email this completed form to mentorship@sd71.bc.ca
If you have any questions please contact the Mentorship Coordinator, Lucy Nelson, at the email above.**