



## 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@cdta71.org](mailto:mentorship@cdta71.org)  
If you have any questions please contact the Mentorship Coordinator, Lucy Nelson, at the email above.**