

Kamloops Thompson Teachers' Association
Mentorship Program
Mentee Application



Date of Application: _____

Name: _____

E-mail: _____

School: _____

Phone Contact: _____

Grade(s)/Subjects Currently Assigned: _____

Number of Years in the District: _____

Number of Years Teaching: _____

Length of Time in Current Assignment: _____

In point form:

Summarize the reasons why you would like to work with a Mentor within our district/local.

What areas of teaching and learning would you most like to receive assistance with this year?



What attributes will you bring to building an effective mentoring relationship?

What experiences have you had with professional collaborations? (Examples: previous mentoring experiences, learning teams, learning groups, or inquiry projects)

If you choose, provide the name and school of a possible Mentor that you would like to work with:

1. Name: _____ School: _____

Kamloops Thompson Teachers' Association

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