MENTEE

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 SD73: _____

Number of Years Teaching: _____

In point form, summarize the reasons why you would like to work with a Mentor in our district/local.

What areas of teaching and learning would you be interested in receiving mentorship?(Examples: rural schools, TTOCs, First Nations communities, subject-specific areas/grade levels)

What experience (formal or informal) have you had in collaboration, or leadership? (Examples: previous experiences, learning teams/groups, inquiry projects, etc.)

What strengths can you bring to building an effective mentoring relationship?

If you have a potential Mentor that you would like to work with, please provide their information below.

Name:	
School:	

Kamloops Thompson Teachers' Association
#202-1157 12th Street
Kamloops, BC V2B 7L2

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