

YOU MUST BRING THIS FORM TO YOUR ENROLLMENT/ORIENTATION SEMINAR

**TEAMS Program
Job Description/Mentor Verification**

Fellow Name _____

Credential Program/TEAMS Partner _____

School (where you teach/counsel) _____

School Address, City, State, Zip _____

School Phone Number _____

School Fax Number _____

Job Description (check which best fits your position)

Teacher Para/Aide Counselor Volunteer

Subject Teaching/Counseling Responsibilities: _____

Grade Level: _____

Total number of students you are responsible for: _____

Mentor Supervisor Information:

Mentor Supervisor Name and Title: _____

School Address: _____
(write full name of school; ie, Dr. Martin Luther King Elementary School)

Work Phone: _____

Work Email: _____

Fellow Signature

Date

Mentor Supervisor Signature

I agree to serve as the Mentor Supervisor and understand that I will be verifying monthly timesheets and completing two evaluations for this Fellow.

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