

**DIXIE STATE UNIVERSITY**  
**DEPARTMENT OF EDUCATION**  
**MENTOR APPLICATION FOR ELED**  
**STUDENT ENHANCED EXPERIENCE (SEE) PROGRAM**  
SP2021

Mentor Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Degrees/Education Background: \_\_\_\_\_

Years of teaching experience: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Have you previously mentored a DSU Student Teacher?    ( ) yes    ( ) no

List number of years of mentoring experience: \_\_\_\_\_

**Dixie State University SEE Apprentice Mentor Guidelines:**

- Schedule a weekly meeting with the SEE Apprentice to provide feedback and debriefing about their teaching skills. This meeting should be specific to mentoring the apprentice.
- Provide modeling of strategies, procedures, and best practices in all areas of teaching. Ensure they are observing best practices in teaching small groups, whole class instruction, and behavior management skills.
- Allow time for the SEE Apprentice to practice teaching skills encouraging mastery.
- Ensure that all subjects are observed by the SEE Apprentice. If the classroom has one subject, create a schedule for the SEE apprentice to observe in all other subjects.

By signing this application, I agree to follow the above Dixie State University (DSU) SEE Apprentice Mentor Guidelines. I also agree to complete all DSU practicum and student teaching requirements. The student will be in my classroom 3.5 hours each day, with a practicum experience in the fall, and a spring student teaching experience.

It is my responsibility to ensure the SEE Apprentice has classroom experiences and opportunities that will enhance their ability to become a successful classroom teacher.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I (the principal) verify that the above teacher has been recommended to be a mentor for the DSU SEE Program and that school funding has been authorized by the Human Resources Department.

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Signature of Building Principal \_\_\_\_\_ Name of School \_\_\_\_\_ Date \_\_\_\_\_

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Approval of Human Resources \_\_\_\_\_ Date \_\_\_\_\_