

## Preliminary Application *Mentor Teacher*

NAME	
TODAY'S DATE	HOME PHONE
TODAT 3 DATE	FIGNE FITONE
MAILING ADDRESS	
EMAIL ADDRESS	
PLACE OF EMPLOYMENT	WORK PHONE
WORK ADDRESS	
AGE GROUP IN YOUR CLASSROOM	YEARS EMPLOYED AT THIS PROGRAM
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NOTE: Preliminary applications will be processed as quickly as possible. Please note that the due	
date for applications to the Mentor Program is	If
you wish to apply to become a Mentor Teacher, yo	u must submit the Mentor Teacher Application by
this date. Preliminary applications are solely a way to obtain feedback. Acceptance at the preliminary	
level is not required to apply to the program	

## MINIMUM QUALIFICATIONS NECESSARY TO APPLY

- No fewer than two years of experience teaching in an ECE environment (experience need not be all in one setting)
- Current employment in an ECE site with no fewer than three hours per day, five days per week spent with the same group of children
- Completion of a degree or certificate in Early Childhood Education, including at least one course in supervised student teaching or direct assessment
- Eligibility for the Master Teacher Level, or higher, of the California Child Development Permit Matrix
- Completion of an Adult Supervision (Mentor Teacher) course
- Submission of an appropriate Environment Rating Scale (e.g., ECERS-R, ITERS-R) on your site or classroom

in this role. Please dis supportive as a Ment development activities	y why you wish to be designated as a Mentor and why you think you would be successful cuss unique experiences, education, and background which would make you especially or—foreign languages, special training, etc. Also please include ongoing professional you have engaged in, such as conferences, presentations, research/writing, etc. <i>Please unction of this form (limit 4000 characters) or in no more than two attached pages.</i>
Return co	empleted preliminary application, essay, and relevant unofficial transcripts to:
	Contact information: