

POUGHKEEPSIE CITY SCHOOL DISTRICT

MENTORING

APPLICATION

Please Submit Application to:

Mentor/Mentee Coordinators:

Rosemarie Kline, Elementary Coordinator, Clinton School

Debra Brooks, Secondary Coordinator, PHS

Application

Mentor

Liaison

Name _____

School _____

Years of Experience _____

Tenured: Yes _____ No _____ (check one)

Subject Area _____

Grade Level _____

School Phone _____

Home Phone _____

How did you become aware of the mentoring program?

What are your expectations of being of mentor/liaison?

Relevant to your subject area/grade level, what are three best practices you implement?

What are three of your interpersonal/communicational skills?

What do you feel are your strengths and weaknesses?

PERSONAL RECOMMENDATION

Each applicant must submit a letter of recommendation with the application. This letter of recommendation should be from a colleague, supervisor, director, or administrator.

Applicant's Name:

Name of person making the recommendation and position:

School:

School Phone Number:

Years of Teaching Experience: _____

How many years have you known the applicant? _____

Please include a one-page letter describing the applicant's strengths and why you think they would be a good mentor.

Please return all forms to:

Rosemarie Kline at Krieger School for grades Kindergarten through Fifth.

Debra Brooks at Poughkeepsie High School for Middle and High School

Thank You.