

# Director Mentor Placement Contract

**Please read the following instructions carefully:**

1. A director may apply to work with a Director Mentor by completing the **Protégé** section of this form.
2. The Director Mentor may agree to provide the mentoring requested by completing the **Director Mentor** section of this form.
3. The Mentor Coordinator **must** approve the *Director Mentor Placement Contract* before this activity officially begins if the Director Mentor is to be eligible for a stipend.
4. At the end of the placement, Director Mentor and Protégé must submit adequate documentation and sign this *Contract* verifying that activities have been completed.
5. The Mentor Coordinator must approve the completed Contract, sign and submit it to the Mentor Program at City College of San Francisco.

**The contract MUST begin and end within the same fiscal year, August 1 through June 30.**

## PROTÉGÉ

FIRST NAME:		LAST NAME:		MI	NAME OF CENTER/FAMILY CHILD CARE:	
YOUR MAILING ADDRESS:			CITY:		ZIP CODE:	
E-MAIL ADDRESS:			WORK PHONE NUMBER: (      )		HOME PHONE NUMBER: (      )	
DIRECTOR MENTOR with whom you wish to work:					Are you a CARES participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ANNUAL SALARY			Yrs/mos at this center YEARS      MONTHS		Yrs/mos in child care field YEARS      MONTHS	
Your placement will be for 20 hours. When do you wish to begin? MONTH      DAY      YEAR			How many hours per week?	Yrs/mos as a child care director: YEARS      MONTHS		Children you teach are: <input type="checkbox"/> Infant/toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age
Please describe your goals for this placement:						
How would you like your Director Mentor to contact you throughout this Contract? <b>(Check all that apply)</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Site visits <input type="checkbox"/> Meeting(s) off site <input type="checkbox"/> Meeting(s) on site <input type="checkbox"/> Email or fax <input type="checkbox"/> Journaling or other written documentation <input type="checkbox"/> Other _____						
<b>Work Setting:</b> Please circle the <u>number</u> that best describes you (circle one only)	<ol style="list-style-type: none"> <li>1. Currently working in a CDD funded program.</li> <li>2. Working with low-income children in a Head Start center/family day care home.</li> <li>3. Working or seeking to work in a center or family day care home subsidized in part by funds administered by the Child Development Division, California Department of Education.</li> <li>4. Specializing or seeking to specialize in serving children in a primary language, or serving children with special needs (infants and toddlers, exceptional needs children, etc.).</li> <li>5. Working or seeking to work in any program that could serve children subsidized by funds administered by CDD.</li> </ol>					
YOUR SIGNATURE:				SIGNATURE DATE: (MUST BE BEFORE CONTRACT BEGINS)		

## DIRECTOR MENTOR

LAST NAME: ( )	FIRST NAME:	MI	MOO NUMBER:
HOME PHONE NUMBER: ( )	E-MAIL ADDRESS:		
WORK PHONE NUMBER: ( )	NAME OF PROTÉGÉ WITH WHOM YOU WISH TO WORK:		
Contact time for this placement is 20 hours. When do you wish to begin?			How many hours per week?
MONTH	DAY	YEAR	
Please describe the type of support you will provide to your protégé:			
Please describe how you wish to maintain contact with your protégé during this placement. <i>(Please check all that apply)</i>			
<input type="checkbox"/> Telephone <input type="checkbox"/> Site visits <input type="checkbox"/> Meeting(s) off site <input type="checkbox"/> Meeting(s) on site			
<input type="checkbox"/> Email or fax <input type="checkbox"/> Journaling or other written documentation <input type="checkbox"/> Other _____			
Please describe how you will document fulfillment of this contract. <i>(Check all that apply)</i>			
<input type="checkbox"/> Log or journal <input type="checkbox"/> Observation notes <input type="checkbox"/> Time sheet <input type="checkbox"/> Written summary			
<input type="checkbox"/> Copies of materials that will be shared or developed <input type="checkbox"/> Other _____			
YOUR SIGNATURE:		SIGNATURE DATE: (MUST BE BEFORE CONTRACT BEGINS)	

## MENTOR COORDINATOR PRE-APPROVAL

Comments and/or additional requirements:	
Documentation that will be required: <i>(Check all that apply)</i> <input type="checkbox"/> Log or journal <input type="checkbox"/> Observation notes <input type="checkbox"/> Time sheet	
<input type="checkbox"/> Written summary <input type="checkbox"/> Copy of materials that will be shared or developed <input type="checkbox"/> Other _____	
COORDINATOR'S SIGNATURE:	SIGNATURE DATE (MUST BE BEFORE PLACEMENT BEGINS)

## VERIFICATION OF CONTRACT COMPLETION

PROTÉGÉ'S SIGNATURE	SIGNATURE DATE	EVALUATION SUBMIT DATE
DIRECTOR MENTOR'S SIGNATURE	SIGNATURE DATE	EVALUATION SUBMIT DATE
COORDINATOR'S SIGNATURE	SIGNATURE DATE	
MENTOR PROGRAM NAME	WHEN DID THIS PLACEMENT END?	
	MONTH	DAY      YEAR ~

### FOR OFFICE USE ONLY

Submit this completed form to:

California Early Childhood Mentor Program  
City College of San Francisco  
50 Phelan Avenue, S-10  
San Francisco, CA 94112

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