

2011-2012 Mentor Re-Certification Application

Last name	<input type="text"/>	First name	<input type="text"/>		
Address (home)	<input type="text"/>	City	<input type="text"/>	Zip code	<input type="text"/>
Home phone (area code and number)	<input type="text"/>	Cell phone (area code and number)	<input type="text"/>		
Best time to reach you	<input type="text"/>	Email	<input type="text"/>		
Name of your current work site	<input type="text"/>				
Address (work)	<input type="text"/>	City	<input type="text"/>	Zip code	<input type="text"/>
Work phone (area code and number)	<input type="text"/>	Best time to reach you	<input type="text"/>		
How long have you worked at this site? Years	<input type="text"/>	Months	<input type="text"/>	Job Title	<input type="text"/>
Age of children in your class	<input type="text"/>				

PROGRAM INFORMATION

DSS License # Effective Date License Type Center Family Child Care

Licensed Capacity by Age Infant Preschool School Age Title 5 Contract Description

License Exempt Yes No If yes, please explain reason for exemption

Supervisor's name Supervisor's title

SUPERVISOR'S AGREEMENT FOR CANDIDATE TO PARTICIPATE IN THE CALIFORNIA EARLY CHILDHOOD MENTOR PROGRAM

I agree to support the application of this candidate for selection as a Mentor, with the full understanding that such application will involve a formal outside assessment of the teacher's classroom using the appropriate Harms and Clifford Rating Scale (ECERS-R / ITERS-R / SACERS).

Should this candidate be selected, I agree to support the Mentor in the performance of his or her duties. I am aware that teachers designated as Mentors will receive a stipend for the supervision of student teachers. Specifically, I agree to:

1. Allow the Mentor to supervise students in the Mentor's classroom.
2. Provide thirty minutes weekly conference time for the student and Mentor.
3. Maintain the Mentor's same classroom assignment for the duration of a student's placement.
4. Allow the college supervisor to make drop-in visits to the Mentor's classroom.
5. Provide program salary data for annual reports. (Salary data are analyzed confidentially and reported in aggregate only, with no program identification.)

Signature

Date

Program Type

Please check the **ONE** number that **best** describes your program:

- 1. Programs subsidized in full or in part by funds administered by the Child Development Division, California Department of Education. Funding sources include the State Preschool Program, Alternative Payments, General Child Development Program, Federal Child Care and Development Fund, and Title IV-A At Risk funds.
- 2. Head Start Programs and other programs serving income-eligible children.
- 3. Programs serving children in their primary languages of Spanish, Chinese, Vietnamese, etc., or that have a teacher who is multi-lingual, multi-cultural, or who demonstrates expertise in a particular area of local need (infants and toddlers, exceptional needs children, etc.).
- 4. Programs that are willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.
- 5. Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family day care, etc.).

Evaluations

Please verify with your local Mentor Program Coordinator that student teacher evaluations from your previous placements are in your file.

ECERS-R / ITERS-R / FCCERS-R / SACERS

Please include with your application a self-assessment on your present classroom using the appropriate Harms and Clifford scale. A site visit by one Mentor Selection Committee member is required for the certification process. The Mentor Selection Committee member will meet with you to compare rating results as part of the visit. Both rating sheets will be forwarded to the Mentor Selection Committee.

Personal Statements: For *each* of the five questions below, please write a short paragraph that best describes your thoughts and reflections. (Limit 1000 characters each; use the writable PDF function or attach additional pages if necessary.)

1. What is one successful practice that you have implemented as a Mentor?

2. What is one way you have changed your practice as a result of mentoring?

3. What areas do you need more assistance/guidance? What is an area where you need more input or improvement, or resources?

4. What aspects of the Mentor Program have worked well for you? Why?

5. List below any professional activities you have participated in since you were last certified. Include coursework taken, degrees earned, conferences or workshops attended or conducted, guest speaking engagements, working groups, peer evaluations, etc.

If changes have occurred in your work situation (for example, new classroom, new age group, significant staff changes in your classroom) since your last recertification, answer the questions below. (Limit 1000 characters: use the writable PDF function or attach additional pages if necessary.)

For *each* of the questions below, please write a short paragraph that best describes your thoughts and reflections. **If your work situation has not changed since your last certification, you may respond *Not Applicable*.**

1. Describe your new site, situation, or classroom.

2. Please explain how, if at all, the changes in your work situation may impact your ability to provide a developmentally appropriate environment and to model best practices as a teacher to student mentees.

Return completed application to:
(Local Program or Regional Coordinator)