

Mentor/School District Agreement Form

I have reviewed the requirements for A695 as found in the Practicum Manual. I agree to serve as a mentor for _____ during the following semesters as initialed: _____ Fall 2011 _____ Spring 2012 _____ Fall 2012

Mentor's Name: _____

Mentor's Signature: _____

Date: _____

Mentor's Position: _____

School: _____

School Address: _____

Mentor's Email: _____

I have reviewed the requirements for A695, I approve the practicum assignment, and I verify that the mentor meets the criteria outlined in the IU Southeast School of Education Educational Leadership Practicum Manual.

Superintendent's or Designee's Signature:

Date: _____

School District or Corporation: _____

This form must be submitted to the Candidate's advisor before the Candidate may enroll in A695.

Contact Dr. Robin Fankhauser (rfankhau@ius.edu or 812-941-2301) or Dr. Joan Keller (joelle@umail.iu.edu or 812-941-2603) with any questions.