

Mentor/School District Agreement Form

I have reviewed the requirements for A695. I agree to serve as a mentor to

_____ for the following semesters as
initialed: _____ Fall 2009 _____ Spring 2010 _____ Fall 2010

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 Signature: _____

Date: _____

School District or Corporation: _____

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

Contact Robin Fankhauser, the Educational Leadership Program Coordinator, if there are any questions. rfankhau@ius.edu or 812-941-2301