

Mentor/School District Agreement Form

Principal or Assistant Principal:

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

to _____ for the following
semesters as initialed: _____ Fall 2016 _____ Spring 2017
_____ Fall 2017 _____ Spring 2018 _____ Fall 2018

Mentor's Signature: _____

Date: _____

Mentor's Position:

School:

School Address:

Mentor's Email:

Superintendent or Designee:

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 Robin Fankhauser if there are any questions.

rfankhau@ius.edu or 812-941-2301