

**MENTOR TEACHER AGREEMENT FORM Winter 2026**

Course Dates: **1/5/2026 - 3/13/26**. The EDCN 5730 Field Experience student & mentor will choose a window of time (usually two weeks) within the 10-week course to teach a unit in a new subject area.

<b>Endorsement Candidate Name:</b>	
<b>School Site Name:</b>	
<b>Mentor Name:</b>	
<b>Mentor Email Address:</b>	
<b>Mentor Phone Number:</b>	
<b>Mentor WA Teaching Certificate Number:</b>	
<b>Endorsements Listed on Mentor's Certificate:</b> <i>(must match endorsement candidate is pursuing OR a resume must be on file, see below.</i>	

**Statements of Agreement:**

1. I agree to be a mentor teacher and supervise a field experience for the above-named SPU Add-on Endorsement candidate. The candidate will teach a 10-lesson unit, and I will formally observe one of these lessons.
2. I understand this is a volunteer position.
3. At the conclusion of the experience, I will provide a written evaluation of the candidate's teaching skill-set and a written recommendation for the new endorsement.
4. I have taught for at least three years in the endorsement area I will be supervising. **If I do not hold the endorsement, I will plan to send a resume exhibiting proficiency to endorse@spu.edu.**
5. Check ONE of the two options below:

\_\_\_\_\_ I will host this SPU Add-on Endorsement candidate in my classroom for a two-week unit of guest teaching. I will document one formal observation, and will be available for the 10-week session (dates above) to provide guidance as I see fit/as the candidate requests.

\_\_\_\_\_ I will visit the classroom of this SPU Add-on Endorsement candidate to complete at least one documented observation and will be available for the 10-week session (dates below) to provide guidance as I see fit/as the candidate requests.

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Mentor Teacher Signature

Date

**SPU Endorsement Program: ADMINISTRATOR AGREEMENT FORM**  
**EDCN 5730: Independent Field Experience and Pedagogy**  
**Assessment Winter 2026**

**NAME OF ENDORSEMENT CANDIDATE:** \_\_\_\_\_

**Administrator Agreement:**

ADMINISTRATOR NAME:

\_\_\_\_\_

Last First

SCHOOL:

\_\_\_\_\_

PHONE: ( ) -

**STATEMENT OF AGREEMENT:**

I agree that the above-named endorsement candidate may complete a field experience in the chosen endorsement area within this school. I agree that the above-named mentor (page 1) may assist the participant in their field experience.

\_\_\_\_\_

Administrator Signature

\_\_\_\_\_

Date

*NOTE: Since the Field Experience is completed by teacher with a current teaching certificate, verified by Seattle Pacific University, the teacher & admin team are responsible for securing a Field Placement and fulfilling any background requirements requested by the cooperating school/district, as well as for connecting with the district office if notification is required.*

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