



MENTOR TEACHER AGREEMENT FORM
EDCN 5730: Independent Field Experience and Pedagogy Assessment

NAME OF ENDORSEMENT CANDIDATE: _____

Mentor Teacher Agreement

To qualify you must be certified in the selected endorsement area with three years teaching experience in that area.

MENTOR TEACHER NAME: _____
Last First

SCHOOL ADDRESS: _____

City State Zip

TELEPHONE: () - _____ () - _____
Home Phone Work Phone

EMAIL ADDRESS: _____

WASHINGTON STATE TEACHING CERTIFICATE INFORMATION (REQUIRED)

WA Teaching Certificate Number (required): _____

Type Professional Residency or Continuing

Endorsement(s) Listed on Certificate: _____ (Must match endorsement candidate is pursuing)

▶ I have taught for **at least three years** in the endorsement area I will be supervising: _____ (initial)

STATEMENT OF AGREEMENT:

I agree to be a mentor teacher and will supervise a field experience for the above named endorsement. The candidate will teach 5-10 lessons. At the conclusion of the experience, I agree to provide a written evaluation of the participant's teaching and a written recommendation for the participant's endorsement area. I am prepared to complete this requirement virtually if necessary.

 Mentor Teacher Signature Date





DUE DATE:

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

NAME OF ENDORSEMENT CANDIDATE:

Administrator Agreement

ADMINISTRATOR NAME:

Last	First
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SCHOOL:	PHONE: () -
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STATEMENT OF AGREEMENT:

I agree that the above named endorsement candidate may have a field experience in the chosen endorsement area within this school. I agree that the above named mentor may assist the participant in their field experience.

Administrator Signature	Date
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NOTE: Since the Field Experience is completed by teacher with a current teaching certificate, verified by Seattle Pacific University, the teacher is responsible for securing a Field Placement and fulfilling any background requirements requested by the cooperating school/district.