



Beginning Educator Support Team (BEST) Letter of Agreement Mentors 2019-20

Congratulations on your selection as a BEST mentor! The Beginning Educators Support Team (BEST) program, a unique opportunity made possible by a state grant for new and beginning teacher development, provides highly qualified mentors to first-year teachers. In order to provide the necessary support to retail good teachers in the profession, BEST provides professional development and support to new and beginning teachers. The mentoring experience will provide many opportunities for you as a mentor to continue to develop and refine your own skills. Questions and concerns about the BEST program should first be directed to the building principal, then the district key contact, and finally to BEST grant support, Mike Esping (mike.esping@esd112.org).

Please complete the form below. All information is required.

Personal Information			
First name:		Last name:	
Work email:			
District Information			
District:		School:	
Principal/admin name:		Admin email:	
Teaching assignment content/grade:			
Name of mentee(s) (leave blank if unknown):			

Mentors who take part in the BEST program consent to the following:

- I understand the importance of the mentor teacher role to strengthen the new teacher’s understanding and initial application of subject area content, instructional practices, school processes, and management strategies.
- I accept this responsibility, will fulfill my obligation to the best of my ability, and agree to complete the activities listed below.
 - Meet with mentee(s) on a weekly basis
 - Be observed by mentee(s)
 - Observe mentee(s) at least four times per year as colleague mentor and eight times if release mentor
 - Support mentee with development of PGP
 - Experience regional mentor roundtables (at least 3 per year)
 - Attend Mentor Academy 101 or 201
 - Track time spent with mentee(s) and submit log to ESD 112 at end of program

By signing this document, I agree to fully participate and complete all grant activities.

Signature _____ **Date** _____

Return to Karen Solberg (karen.solberg@esd112.org) after completion.