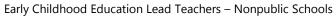
#### MÉNTOR / EVALUATOR APPLICATION



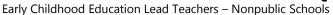


<b>POSITIO</b>	NS (Check	call that apply	')	REFERENCE DOCUMENT				(EESLPD Office	Use Onl	<u>y)</u>			
│ │	or $\square$	Evaluator		(Click Here)									
	OI	Lvaidatoi		County/Regional Map and Staff Contacts									
PERSON	AL INFO	RMATION	1		Enter <u>your entire</u>	legal name	as it appe	ears on your so	cial securi	ity card.			
Prefix	Legal Fi	rst Name			M.I.	Maiden I	Name		Las	st Name			
Ms. Mrs. Mr.													
Primary M	ailing Add	dress		City			State	Zip	Co	County			
					NC								
Home Pho	ne			Cell Pl	hone			Work Pho	ne				
Personal E	mail Addr	ess				Work Em	ail Addı	ess					
Current Ea	rly Childh	ood Educatio	on Assign	ment / Respo	onsibility								
EDUCAT	ION and	LICENSIN	IG INFO	DRMATION	1								
Degree		Program Ma	ajor(s)/ N	/linors					Lice	nse Type			
☐ BA/BS		Major(s)								B-K SPI	_		
MA/MS		Minors(s)							ᅵ片	Preschool Add-	on		
Ed. D/Ph. D   Minors(s)   Other:  NC DPI Mentor Teacher Training   NC Educator Evaluation Process (NCEP)/HomeBase Training													
	YES   NO   If YES, when:   YES   NO   If YES, when:												
RELEVAN	NT WOR	K EXPERIE	NCE	()	'ou may submit a re	esume with in	nformatio	n listed below o	ıs well)				
				(.				nployer's A					
Employer:													
		Date of				Ci	ty		State	Z	Zip		
Job Title:				Employmen	t								
APPLICA	TION C	HECKLIST	(Check all th	at apply)						L	L		
	. 5	A											
		Attached						· · · · · · · · · · · · · · · · · · ·			- A.Ll-	1	
Completed Response Questions							☐ Copies of Performance Evaluations Attached☐ Copy of Evaluator Training Certificate Attached						
Copy of Teaching License Attached													
Copy of Mentor Training Certificate Attached Reference Letters Requested													
Mail co	ompleted	application	to the a	ppropriate L	ead Project Co	ordinator	:						
EAST: EESLPD Office at East Carolina University													
Deborah Saperstein							Amanda Vestal						
	nt & Family R	elations	UNC-Charlotte, College of Education, 323C										
		lding / Mailst e, NC 27858	op 303		9201 University City Boulevard Charlotte, NC 28223-0001								
	This fo	orm must be	complete	ed, signed and	d dated by the d	pplicant:	l attest	to the accur	acy of th	ne above inform	ation.		
Signature_			-		-					Date	/	_/_	

\*In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application and all required associated documents by fax, US standard or certified mail.

Early Educator Support, Licensure & Professional Development (EESLPD) Unit Early Education Branch, Programs & Educational Services

#### **MENTOR / EVALUATOR RESPONSE QUESTIONS**





Thank you for your interest in becoming a Mentor and/or Evaluator for initially licensed Early Childhood Education teachers working in nonpublic schools/programs in North Carolina. In the space provided, write a response to each of these questions related to the role(s) you are applying for (there are no right or wrong answers). Please attach this form to your application

Your Signature	Date//
Your Name (please print)	
4. As a Mentor and/or Evaluator what documentation and strategies would yo beginning teacher or initially licensed teacher?	ou use for promoting growth in the
3. As a Mentor and/or Evaluator you must be able to demonstrate knowledge mentoring/coaching relationship. What does this statement mean to you?	of the diverse roles of the
2. What communication skills should a Mentor and/or Evaluator demonstrate	?
1. What skills do you think a Mentor and/or Evaluator should have in order to e	establish a productive helping relationship?
questions related to the role(s) you are applying for (there are no right or wron- application.	g answers). Please attach this form to your

# MENTOR / EVALUATOR RECOMMENDATION FORM Early Childhood Education Lead Teachers – Nonpublic Schools





POSITION	MENTOR / EVALUA	CONTACT INFO			
	FIRST NAME	M.I	LAST NAME	Home Phone	
Mentor				Cell Phone	
Evaluator				<b>Work Phone</b>	

							<del>                                     </del>
Mentor						Cell Phone	
Evaluator						Work Phone	
	nd in what capacity	·					
who are the		effective				-	vho build friendships easil ive your assessment of
	k one of the following				ollowing conditior	ns for becoming a Me	entor:
	Evidence of inn	ble evalua ovation a	ations for t as an Early	experience the past 3 years Childhood educ f a potential me			
						ildhood education tea ions for becoming an	achers at the present time. n Evaluator:
☐ <b>I do</b> time.	Experience in e Evidence of inr Commitment to	valuating ovation a o the help	, supervisii as an Early oing role o	Childhood educ f a potential eva	oaching teachers ator/professional lluator	y childhood education	n teachers at the present
4. Please com licensed te		ur over-a	all recomn	nendations of t	his person as a N	lentor and/or Evalua	ator of beginning or initia
						170	
FUE	RECOMMEN	r - r		71-1	CONTACT IN	NFU	
FIRS	ST NAME	M.I	LA	ST NAME	Cell Phone	· #	
			T		Email		

					Email			
Relation Applica	lationship to plicant		SIGNATURE	SIGNATURE				



#### **ADDRESS SLIPS**

Please mail your recommendation to one of the following locations:

## EAST: EESLPD Office at East Carolina University Deborah Saperstein

Department of Child Development & Family Relations Rivers Building/Mailstop 505 Greenville, NC 27858



### WEST: EESLPD Office at UNC Charlotte Amanda Vesta

UNC-Charlotte College of Education 323C 9201 University City Boulevard Charlotte, NC 28223 - 0001