

CT/Mentor Agreement Form



Teacher Education Services
Station 6352
Montevallo, AL 35115
Telephone: 205.665.6352

Year: _____ Term: ___ Fall ___ Spring

I agree to serve as a mentor in the supervision of a hired graduate student intern. During this period, I will support the intern in all areas of classroom instruction. Further, I agree to comply with the policies and practices outlined in the *University of Montevallo Internship Handbook* which may be found online at www.montevallo.edu/tes. I understand that, for my cooperation, I will receive one of the following options listed below.

Signature of Mentor

Date

Signature of Director, Teacher Education Services

Signature of Dean, College of Education

Mentor Name: (Ms., Mrs., Mr., Dr.): _____

TCert # _____ TCert/ALSDE # can be found here: <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>

Your personal address: _____
(Street/P. O. Box) (City) (State) (Zip)

Social Security Number: _____ (This is needed by our Business Office in order to process the check and is kept confidential.)

Phone: _____ Email address: _____

Year Degree Earned: _____ College/University: _____

Highest Level of Certificate: _____ Grade Level(s) of Certificate: _____ Years of Experience: _____

B (Bachelor's) [] A (Master's) [] AA (EdS) [] Dr. [] P-3 [] K-6 [] 6-12 [] P-12 []

School: _____ Subject Area: _____

Grade level you presently teach: _____ Subject{s} you currently teach: _____

Elementary/Secondary (16 week placement) OR **Elementary-Collaborative/Music/Art/EDHH (8 week placement)**

Intern Name: _____ Intern Name: _____

Grade(s): _____ Grade(s): _____

Subject(s): _____ Subject(s): _____

Please indicate below your option:

_____ **Stipend of \$50 [] 8-week placement, or \$75 [] 16-week placement:** The stipend will be paid to you and a check will be sent directly to the address provided above. You must include your Social Security number for payroll purposes.
PLEASE CHECK IF YOU WILL MENTOR AN 8-WEEK PLACEMENT OR 16-WEEK PLACEMENT.

_____ **Tuition voucher for myself:** Vouchers will be processed during the last week of the semester. If you are not a current UM student, please contact grad@montevallo.edu for more information regarding graduate admission. Vouchers earned in the Fall semester must be used the following Spring semester. Vouchers earned in the Spring semester may be used for the following Summer or Fall semesters. The voucher is good for one course. You will be responsible for applicable fees and books.

_____ **TES Scholarship Fund:** You may donate your voucher to the TES Scholarship Fund. This scholarship is designed to support interns seeking initial certification at the Class A level or graduate students working toward an advanced degree.

Please return this form by September 1 for Fall CTs or February 1 for Spring CTs.