



Division of Education Mentor Assurance Form For MAT Program Major who is a School Employee

The applicant is to complete the top portion of this form and then provide it to his/her mentor and the school principal or district HR director for their signatures to be turned in as part of the admissions packet.

Applicant Name: _____ **Date:** _____

PSC Certification ID# _____

Certification Area seeking (i.e., elementary education, secondary math, etc.): _____

All teacher applicants in a Thomas University teacher education MAT program are required to teach lessons in a K-12 classroom throughout the program. The applicant must have someone identified as a mentor teacher who meets specific requirements listed below and who agrees to mentor the applicant throughout their MAT program.

For applicants who are employed as paraprofessionals or teaching assistants, mentors should be the teachers with whom the paraprofessional or teaching assistant spends the most academic time.

Applicants who serve as the instructor of record in a Georgia school district classroom should select a mentor in consultation with school leadership in order to secure someone who will provide continuous support and constructive feedback.

Mentor Teacher Requirements as Outlined by the GaPSC:

- Minimum of three years of successful teaching experience.
- Hold a Georgia Professional Level Certification in the area of certification the applicant is seeking.
- Has the knowledge to support candidates' application of scientific methods of teaching reading.

Responsibilities of Mentor Teacher:

- Be a resource to the applicant regarding school policies, procedures, meetings, and other school expectations and responsibilities.
- Complete assessment instrument(s) and surveys in Anthology on the applicant as requested by Thomas University faculty.
- Help the applicant video record lessons for the purpose of reflection and growth with classroom teaching skills.
Note: The applicant will be required to video record lessons in a classroom aligned to their field of certification for the purpose of self-reflection and growth with classroom teaching skills.
- During the applicant's last semester in Clinical Practice II, the mentor teacher will be required to complete self-paced trainings in order to complete each assessment on the Intern Keys/Applicant Assessment on Performance Standards (CAPS) and the Professional Behaviors and Disposition Assessment (PBDA).
- Provide support and feedback that will lead to the applicant's growth as a teacher:
 - Give feedback on lesson plans and teachings. Assisting the applicant with resources, instructional strategies, and best educational practices for lessons.
 - Assist the applicant in accessing and using data to meet the needs of learners.
 - Meet individually with the applicant to help to develop their knowledge, teaching skills, and professional dispositions.
 - Create opportunities for the applicant to attend committee/grade level meetings, professional learning sessions, parent conferences, and other in-person meetings related to professional duties and responsibilities.
 - Contact the University in a timely fashion with any concerns regarding the applicant.

**To be completed by the Mentor Teacher who will work with the applicant throughout his/her academic program at
Thomas University**

By signing this form, I accept the responsibility of serving as a mentor to the above-named applicant and attest that I meet the GaPSC mentor requirements.

Name of Mentor Teacher <i>Printed</i>	Mentor Teacher Position <i>Title</i>
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Mentor Teacher GaPSC CertID	Grade Level	Subject Area
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School Email Address	Contact Phone Number	School District
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School Name	Full School Address <i>(street, city, zip code)</i>	School Phone Number
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Total # years of teaching experience	Title 1 School (YES/NO)	Nationally Board Certified (YES/NO)
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Mentor Teacher Signature	Date
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To be completed by building principal or district HR director

By signing this form, I accept the responsibility that the mentor teacher meets the requirements of being a Thomas University mentor teacher identified above.

Principal Name <i>Printed</i>	Contact Phone Number	School Email Address
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Principal Signature	Date
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