

McLean County Unit District No.5
1809 West Hovey Avenue
Normal, IL 61761-4339

Office of the Superintendent
Ph.: (309) 452-4476
FAX: (309) 452-7418

Unit 5 New Teacher Induction and Mentoring Records

Mentor name _____ Mentee name _____

Mentor Social Security Number _____

- ❖ The above individuals met for a minimum of ten hours for the purpose of working together on successful classroom organization and management, planning for instruction, reviewing the implementation of district curriculum, discussing strategies noted as best practices, and developing assessments to determine student achievement.
- ❖ The mentor observed the mentee twice each semester, providing written feedback using the forms provided by the district.
- ❖ Completion of this document will serve as an indication of fulfilling the mentoring requirement resulting in the mentor receiving \$330.00.
- ❖ Upon completion of the above requirements, this form should be turned in to Pam McClure at the Unit Office.

Signature of mentor _____

Signature of mentee _____



Authorization for additional payment must take place through the Director of Elementary/Secondary Education. Contact Kurt Swearingen or Dawn Green for this authorization.

I authorize the payment for ____ hours of additional mentoring.

Total payment _____

Administrator signature