



Office of Teacher Quality
Mentor Training Recommendation Form

Principals or Superintendents are to use this form to recommend a teacher to be trained as a Novice Teacher Pathwise Mentor.

To: Ms. Maureen Harness
Teacher Induction Program Advisor

I hereby recommend the following individual to be trained in the Pathwise Mentoring Model, to become a mentor in the Arkansas Teacher Induction Program by attending the 3-day Pathwise Training.

Teacher's Name: _____

School / District: _____

I hereby assure that the above-named individual has:

- An Arkansas Teacher License
- A minimum of 3 years teaching experience under an Initial and/or Standard Teacher License
- Been recommended by the School Principal or the District Superintendent

Name (check one) Principal Superintendent

Signature

Date

TO PROSPECTIVE MENTORS: YOU MUST BRING THIS RECOMMENDATION FORM WITH YOU AS YOUR ADMISSION TICKET TO THE PATHWISE TRAINING YOU ATTEND.