

Administrator Mentoring Program (AMP)

Mentor Training Registration for December 9, 2008

Southwest RPDC Training Room

Great Southern Bank Building

Springfield, Missouri 64093

9:00 a.m. - 3:00 p.m.

| | | | | | |
|-----------------------|----------------------|----------------------|----------------------|-------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> | Position | <input type="text"/> |
| School District | <input type="text"/> | School/Building Name | <input type="text"/> | | |
| School Address | <input type="text"/> | City/Zip | <input type="text"/> | | |
| Work Phone | <input type="text"/> | Fax # | <input type="text"/> | Work E-Mail | <input type="text"/> |
| Mentor Classification | <input type="text"/> | RPDC Area | <input type="text"/> | | |
| Home Address | <input type="text"/> | City/Zip | <input type="text"/> | Gender | <input type="text"/> |
| Home Phone | <input type="text"/> | Home E-mail | <input type="text"/> | | |
| Highest Degree Earned | <input type="text"/> | Institution | <input type="text"/> | | |
| Supervisor's Name | <input type="text"/> | Supervisor's Title | <input type="text"/> | | |

Please Check Box: I am willing to mentor

- | | | | |
|------------------------------------------------|-----------------------------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Asst. Superintendent | <input type="checkbox"/> Elementary Principal | <input type="checkbox"/> Middle Level Principal |
| <input type="checkbox"/> High School Principal | <input type="checkbox"/> Asst. Principal | <input type="checkbox"/> Director of Career Ed | <input type="checkbox"/> Director of Special Ed |

We thank you for your interest in becoming a mentor for a new school leader. We realize that this is a commitment added to your busy schedule. We also know that this is a high yield commitment in terms of the quality of education in our state.

You can submit your Mentor Application by faxing it to (573) 522-6526 or mailing it to the address below. Please feel free to contact Tom Schlimpert by email: tom.schlimpert@dese.mo.gov or by phone (573)751-3413.

Thank you again for considering this important leadership role.

Department of Elementary & Secondary Education

Leadership Academy

PO Box 480

Jefferson City MO 65102

(573) 751-3413