

DESE School Counseling Mentee Application

Personal Information

Name: _____

School Name/Address: _____

Home/Cell Phone: () _____ - _____ Work Phone: () _____ - _____

Email Address for contact: _____

Principal's Name and Email: _____

Employment Information

What is your certification level: () Initial () Career () TAC () Provisional () Other: _____

How many years have you been a school counselor? _____

What grade level do you currently work with (please circle).

Elementary Middle High Career/Tech Center Counselor

What is your preferred means of communication with your mentor?

Additional Information

Please describe your definition of a successful mentoring relationship.

Please write a brief statement on why you wish to participate in the DESE Mentoring Program.

To help us make the most appropriate matches for our mentors and mentees, **please indicate any preferences you have for your mentee/mentor.** Although we may not be able to honor all requests/preferences, we will make every attempt to provide the best match to ensure a valuable and meaningful mentoring relationship.

Please check all that apply.

- I prefer to work with a counselor in the following level:
Elementary () Middle () High () No preference ()
- I prefer to work with a counselor:
In my district/county () Outside my district/county () No preference ()

Thank you for your interest in the DESE Mentoring Program. Please submit your application to: Amber Ernst at amber.ernst@dese.mo.gov