

New Counselor Mentoring Program 2016-2017
Mentor/Mentee Contact Information

Check one: Year ONE: _____ Year TWO: _____

I. MENTEE CONTACT INFORMATION:

Name: _____

Personal Email: _____

Home/Cell Phone Number: _____

School District Name and County Code: _____

School Building Name: _____

School Email: _____

School Superintendents Name and Email: _____

School Principals Name and Email: _____

Grade Level(s) you are currently counseling: _____

II. MENTOR CONTACT INFORMATION:

Name: _____

Home Address: _____

Home City, State and Zip Code: _____

*Social Security Number: (if under contract) _____

Home/Cell Phone Number: _____

Personal Email: _____

School District Name and County Code: _____

School District Phone Number/Email: _____

Grade Level(s) you are currently counseling: _____

**DESE requests the Mentor/Mentee Information Form (Appendix A in Manual) to be completed by all participants. Mentor and mentee are to submit ONE completed form for each mentor/mentee pairing. Mentors are to provide their Social Security Numbers to receive payment for their supervision services (if under contract). If you prefer NOT to include your SS# on the form, please contact Loree Libbert at Loree.Libbert@dese.mo.gov to let her know how you would like to submit that information.*