



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF EDUCATOR QUALITY – EDUCATOR DEVELOPMENT

**ADMINISTRATOR MENTORING PROGRAM - YEAR 2 NEW SCHOOL LEADERS**

|                      |            |                    |                      |                 |
|----------------------|------------|--------------------|----------------------|-----------------|
| SCHOOL DISTRICT NAME |            |                    | COUNTY-DISTRICT CODE |                 |
| SCHOOL ADDRESS       |            | SCHOOL CITY        | SCHOOL STATE         | SCHOOL ZIP CODE |
| SCHOOL PHONE         | SCHOOL FAX | SCHOOL GRADE LEVEL | SCHOOL EMAIL         |                 |
| SCHOOL BUILDING NAME |            |                    |                      |                 |

**INSTRUCTIONS**

Upon receipt of this registration form, a regional Administrator Mentoring Program (AMP) Coordinator will forward the name(s) of potential mentors, from your region, for the superintendent's consideration as a mentor. We request superintendent approval of the mentor before other contacts are made. The selected mentor will then make contact with the new school leader to initiate the mentoring process. The cost of this two-year program is \$350 per year.

**Mail or Fax Completed Form To:**  
Office of Educator Quality  
PO Box 480  
Jefferson City MO 65102  
Fax: (573) 522-6526

**Questions:**  
Contact Educator Development Email:  
[egdev@dese.mo.gov](mailto:egdev@dese.mo.gov)  
Phone: (573) 751-7986

**PLEASE COMPLETE THE NEW SCHOOL LEADERS INFORMATION IN THE BOXES BELOW**

|  |            |                       |             |  |
|--|------------|-----------------------|-------------|--|
| FIRST NAME                               | LAST NAME  | POSITION              |             |  |
| HOME ADDRESS                             | HOME CITY  | HOME STATE            | HOME ZIP    |  |
| HOME EMAIL                               | HOME PHONE | HIGHEST DEGREE EARNED | INSTITUTION |  |
| REGIONAL PROFESSIONAL DEVELOPMENT CENTER |            |                       |             |  |

**SUPERINTENDENT'S APPROVAL**

|  |              |                        |                  |  |
|--|--------------|------------------------|------------------|--|
| SUPERINTENDENT'S SIGNATURE                         |              |                        | DATE             |  |
| PRINT SUPERINTENDENT'S NAME                        |              | SUPERINTENDENT'S EMAIL |                  |  |
| BILLING ADDRESS (if different from school address) | BILLING CITY | BILLING STATE          | BILLING ZIP CODE |  |

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