

POSITIONS (Check all that apply)		REFERENCE DOCUMENT		(EESLPD Office Use Only)	
<input type="checkbox"/> Mentor <input type="checkbox"/> Evaluator		(Click Here) County/Regional Map and Staff Contacts			
PERSONAL INFORMATION <i>Enter your entire legal name as it appears on your social security card.</i>					
Prefix	Legal First Name	M.I.	Maiden Name	Last Name	
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.					
Primary Mailing Address		City	State	Zip	County
			NC		
Home Phone		Cell Phone		Work Phone	
Personal Email Address			Work Email Address		
Current Early Childhood Education Assignment / Responsibility					
EDUCATION and LICENSING INFORMATION					
Degree		Program Major(s)/ Minors		License Type	
<input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Ed. D/Ph. D		Major(s) _____ Minors(s) _____		<input type="checkbox"/> B-K <input type="checkbox"/> SP I <input type="checkbox"/> SP II <input type="checkbox"/> Preschool Add-on <input type="checkbox"/> Other: _____	
NC DPI Mentor Teacher Training			NC Educator Evaluation Process (NCEP)/HomeBase Training		
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when: _____			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when: _____		
RELEVANT WORK EXPERIENCE <i>(You may submit a resume with information listed below as well)</i>					
Employer:			Employer's Address:		
Job Title:		Date of Employment	City	State	Zip
APPLICATION CHECKLIST (Check all that apply)					
<input type="checkbox"/> Current Resume Attached <input type="checkbox"/> Completed Response Questions <input type="checkbox"/> Copy of Teaching License Attached <input type="checkbox"/> Copy of Mentor Training Certificate Attached <input type="checkbox"/> Mail completed application to the appropriate Lead Project Coordinator:		<input type="checkbox"/> Copies of Performance Evaluations Attached <input type="checkbox"/> Copy of Evaluator Training Certificate Attached <input type="checkbox"/> Reference Letters Requested			
<input type="checkbox"/> EAST: EESLPD Office at East Carolina University Deborah Saperstein Department of Child Development & Family Relations Rivers Building / Mailstop 505 Greenville, NC 27858			<input type="checkbox"/> WEST: EESLPD Office at UNC Charlotte Amanda Vestal UNC-Charlotte, College of Education, 323C 9201 University City Boulevard Charlotte, NC 28223-0001		

This form must be completed, signed and dated by the applicant: I attest to the accuracy of the above information.

Signature _____ **Date** ____/____/____

**In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application and all required associated documents by fax, US standard or certified mail.*

Applicants should retain a copy of this form and any attached documentation for your records.

Thank you for your interest in becoming a Mentor and/or Evaluator for initially licensed Early Childhood Education teachers working in nonpublic schools/programs in North Carolina. In the space provided, write a response to each of these questions related to the role(s) you are applying for (there are no right or wrong answers). Please attach this form to your application.

1. What skills do you think a Mentor and/or Evaluator should have in order to establish a productive helping relationship?

2. What communication skills should a Mentor and/or Evaluator demonstrate?

3. As a Mentor and/or Evaluator you must be able to demonstrate knowledge of the diverse roles of the mentoring/coaching relationship. What does this statement mean to you?

4. As a Mentor and/or Evaluator what documentation and strategies would you use for promoting growth in the beginning teacher or initially licensed teacher?

Your Name *(please print)* _____

Date ____/____/____

Your Signature _____

MENTOR / EVALUATOR RECOMMENDATION FORM

Early Childhood Education Lead Teachers – Nonpublic Schools

POSITION	MENTOR / EVALUATOR CANDIDATE NAME			CONTACT INFO	
	FIRST NAME	M.I	LAST NAME	Home Phone	
<input type="checkbox"/> Mentor				Cell Phone	
<input type="checkbox"/> Evaluator				Work Phone	

1. How long and in what capacity have you known the applicant?

2. The EESLPD Office is looking for professionals in a Mentor and/or Evaluator role who are empathic, who build friendships easily, who are themselves models of effective teaching, and who discuss teaching with fluency. Briefly give your assessment of the applicant's ability to fill this role.

3. Please check one of the following statements and sign below:

I recommend this person as a Mentor. She/he meets the following conditions for becoming a Mentor:

- Three years of successful teaching experience
- Positive/favorable evaluations for the past 3 years
- Evidence of innovation as an Early Childhood educator
- Commitment to the helping role of a potential mentor

I do **not** recommend this person to become a Mentor of beginning early childhood education teachers at the present time.

I recommend this person as an Evaluator. She/he meets the following conditions for becoming an Evaluator:

- Three years of successful leadership in Early Childhood Education
- Experience in evaluating, supervising, mentoring/coaching teachers
- Evidence of innovation as an Early Childhood educator/professional
- Commitment to the helping role of a potential evaluator

I do **not** recommend this person to become an Evaluator of beginning early childhood education teachers at the present time.

4. Please comment concerning your over-all recommendations of this person as a Mentor and/or Evaluator of beginning or initially licensed teachers.

RECOMMENDER'S NAME			CONTACT INFO		
FIRST NAME	M.I	LAST NAME	Title		
			Cell Phone #		
			Email		
Relationship to Applicant		SIGNATURE		DATE	

ADDRESS SLIPS

Please mail your
recommendation to
one of the following
locations:



EAST: EESLPD Office at East Carolina University

Deborah Saperstein

Department of Child Development & Family Relations

Rivers Building/Mailstop 505

Greenville, NC 27858

WEST: EESLPD Office at UNC Charlotte

Amanda Vesta

UNC-Charlotte College of Education

323C 9201 University City Boulevard

Charlotte, NC 28223 - 0001