

Mentor Agreement

STUDENT NAME

Student Phone	
Student Email	
Name of Practicum Site	
Address	
Brief Description of the Practicum Site	
Classroom Observation (10 hours required) <i>Describe here when and where classroom observation will be conducted. Include specific dates, if known.</i>	
Teaching/Facilitation (3 lessons required) <i>Describe here when and where lessons will be facilitated. Include specific dates, if known.</i>	
Mentor Name	
Mentor Title	

LDRS 667 Practicum: Personal and Professional Practice and Reflection

Mentor Email	
Mentor Phone	
Mentor Agreement	By signing this document, I agree that I understand that this student will need to complete a minimum of 10 hours of classroom observation, and facilitate a minimum of 3 lessons. I agree to serve as a liaison to the practicum site, and to aid and assist the student in scheduling and completing the required observation hours and lesson facilitation.
Mentor Signature and Date	
Student Agreement	By signing this document, I agree that I understand that I will need to complete a minimum of 10 hours of classroom observation, and facilitate a minimum of 3 lessons. I agree to communicate regularly with my mentor, to represent myself professionally in this practicum, and to adhere to my commitments regarding scheduling and completing the required observation hours and lesson facilitation.
Student Signature and Date	