Curriculum/Instruction Mentorship Program-Application

Date_____

Name(s)_____

School(s)_____

Grade level(s)_____

Area of Need: (Briefly describe your current teaching assignment and expectation of this partnership eg: specific curriculum, assessment, instructional strategies, project planned etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Number of Days requested to work together/costs($151.13 per full sub day)/mileage if necessary:_____
_____

Teacher's Signature_____

Principal's Signature_____

CIA Coordinator's Signature_____