

District _____

Mentor Teacher

Mentor Teacher: _____

School Site: _____

Circle One: Spring _____ Year Fall _____ Year

I *DO* recommend this mentor teacher be used again

I *DO NOT* recommend this mentor teacher be used again.

<i>Strengths</i>	<i>Areas of Concern</i>

Supervisor Signature: _____ Date: _____

1/10/2012

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