



# Application to Become a Mentor

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of your current work site: \_\_\_\_\_

Work street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Work phone: \_\_\_\_\_

How long have you worked at this site? Years \_\_\_\_\_ Months \_\_\_\_\_ Age of children in your class: \_\_\_\_\_

Job title: \_\_\_\_\_

## PROGRAM INFORMATION

DSS License #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ License Type: \_\_\_\_\_ ☐ Center ☐ Family Child Care

Licensed Capacity by age: Infant: \_\_\_\_\_ Preschool: \_\_\_\_\_ School-age: \_\_\_\_\_

Title 5 Contract ☐ State Preschool ☐ General Child Care ☐ Migrant ☐ Other: \_\_\_\_\_

License Exempt ☐ No ☐ Yes Please explain why: \_\_\_\_\_

Does your program (site) participate in your County's Quality Rating Improvement System (QRIS) ☐ Yes ☐ No

If yes, has your program (site) been rated yet? ☐ Yes ☐ No If yes, what is your rating tier: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Was your classroom rated? ☐ Yes ☐ No If yes, what was your overall environmental rating score \_\_\_\_\_

## SUPERVISOR'S AGREEMENT FOR AGENCY TO PARTICIPATE IN THE CALIFORNIA EARLY CHILDHOOD MENTOR PROGRAM

I agree to support the application of this candidate for selection as a mentor, with the full understanding that such application will involve a formal outside assessment of the teacher's classroom using the appropriate Harms and Clifford Rating Scale (ECERS-R / ITERS-R / FCCERS-R / SACERS).

Should this candidate be selected, I agree to support the Mentor in the performance of his or her duties. I am aware that teachers designated as mentors will receive a stipend for the supervision of student teachers. Specifically, I agree to:

1. Allow the Mentor to supervise students in the Mentor's classroom.
2. Provide thirty minutes weekly conference time for the student and Mentor.
3. Maintain the Mentor's same classroom assignment for the duration of a student's placement.
4. Allow the college supervisor to make drop-in visits to the Mentor's classroom.

5. Provide program salary data for annual reports. (Analyzed confidentially & reported in aggregate without identification)

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Date \_\_\_\_\_

### MENTOR QUALIFICATIONS

1. Completion of a degree or certificate in Early Childhood Education.

Yes I have completed a(n): ☐ AA ☐ AS ☐ BA ☐ BS ☐ Certificate

College or University: \_\_\_\_\_ Major: \_\_\_\_\_ Date received: \_\_\_\_\_

2. Completion of an Adult Supervision or Mentor Teacher Course

☐ Yes, I have completed a 2-unit (minimum) Adult Supervision or Mentor Teacher course.

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

☐ No, I have not completed at least a 2-unit Adult Supervision or Mentor Teacher course.

***Applicants who do not meet this requirement are not eligible to be selected as Mentors.***

3. Completion of a Practicum/Student Teaching/Supervised Field Experience Course

☐ Yes, I have completed a Practicum/Student Teaching/Supervised Field Experience course. Regardless of the course title, the requirement is a course with supervised student teaching in an Early Childhood setting.

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

☐ No, I have not completed Practicum/Student Teaching/Supervised Field Experience course.

***Applicants who do not meet this requirement are not eligible to be selected as Mentors.***

4. Child Development Permit - Master Teacher Level

Mentor applicants must be *eligible* for the Master Teacher Level (or higher, e.g., Site Supervisor or Program Director) of the California Child Development Permit. In cases where the applicant does not currently hold a Permit at this level, the Local or Regional Mentor Coordinator must determine eligibility based on documentation supplied by the applicant.

☐ Yes, I currently hold a Child Development Permit (Master Teacher Level or higher) and a copy of my Permit is attached:

Permit Level: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ No, I do not currently hold a Child Development Permit (Master Teacher Level or higher). However I am eligible for the permit because I have completed a BA or BS degree which includes at least 12 units in ECE/CD. I have enclosed transcripts which show all of the above and have listed the ECE classes below.

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

- ☐ No, I do not currently hold a Child Development Permit (Master Teacher Level or higher). However I am eligible for the Permit because I have completed at least 24 units in ECE/CD plus 16 units in General Education plus 6 specialization units. I have enclosed transcripts which show all of the above and have listed the classes below.

**General Education** You must have at least one course in each of the four General Education categories below plus one additional course in any of the four categories.

**English**

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Social Sciences**

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Math/Sciences**

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Humanities**

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Additional course**

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Specialization**

Please indicate your area of Specialization and indicate which courses fulfill the 6-unit requirement. If you are establishing eligibility for Site Supervisor or Program Director levels, please indicate courses fulfilling the required 6 units of administration.

**Specialization:** \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ College: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## APPLICATION REQUIREMENTS

**PROGRAM TYPE : Please check the ONE number which best describes your program:**

- ☐ Programs subsidized in full or in part by funds administered by the Child Development Division, California Department of Education. Funding sources include the State Preschool Program, Alternative Payments, General Child Development Program, Federal Child Care and Development Block Grant, and Title IV-A At Risk funds.
- ☐ Head Start Programs and other programs serving income-eligible children.
- ☐ Programs serving children in their primary languages of Spanish, Chinese, Vietnamese, etc. or which have teachers who are multilingual, multi-cultural, or demonstrate expertise in a particular area of local need (infants and toddlers, exceptional needs children, etc.)
- ☐ Programs willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.
- ☐ Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family day care, etc.).

## REFERENCES

Submit three (3) letters of recommendation from Early Childhood professionals who can attest to the quality of your teaching and classroom supervision skills. Request specific details about your style and methods of teaching, how you maintain a safe and positive learning environment, the kind and quality of your communication with children, coworkers, and parents, and supervisory experience with staff, substitutes or parents.

Submit one (1) letter of recommendation from a parent whose child was in your classroom within the last two years who can provide specific information about your teaching methods and the kind of supervision skills you demonstrate.

## PERSONAL STATEMENTS

**Statement 1.** Indicate briefly why you wish to be designated as an Early Childhood Mentor and why you think you may be successful in this role. Please discuss unique experiences, education, and background which would make you especially supportive as a Mentor--foreign languages, special training, etc. Also please include ongoing professional development activities you have engaged in, such as conferences, presentations, research/writing, etc. (Use the writeable PDF function or attach additional pages if necessary.)

**Statement 2:** Briefly describe your philosophy about (a) working with young children and their families; and (b) how young children learn and develop. (Use the writeable PDF function or attach additional pages if necessary.)

**Statement 3.** Briefly describe (a) your program's philosophy, (b) the number of children in your classroom, (c) the ages of the children in your classroom and (d) schedule and staffing assignments in your classroom. (Use the writeable PDF function or attach additional pages if necessary.)

## EXPERIENCE

*A résumé may be substituted for the following section IF it includes all requested information:*

List your previous work experience in child care or preschool teaching (begin with most recent experience). (Use the writeable PDF function; attach additional pages if necessary.)

1. Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Your job title: \_\_\_\_\_ Age of children you worked with: \_\_\_\_\_

Job description:

Reason for leaving:

2. Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Your job title: \_\_\_\_\_ Age of children you worked with: \_\_\_\_\_

Job description:

Reason for leaving:

***Return completed application to the Mentor Program Coordinator of college or region to which you are applying.***