



2009-2010

# Application to Become a Mentor

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

Home address \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Best time to reach you \_\_\_\_\_  
city and zip code

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

Email \_\_\_\_\_

How long have you worked at the above site? \_\_\_\_\_ years \_\_\_\_\_ months

Job title \_\_\_\_\_ Age of children in your class \_\_\_\_\_

Work address \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Best time to reach you \_\_\_\_\_  
city and zip code

### PROGRAM INFORMATION

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

Licensed Capacity by Age: Infant \_\_\_\_ Preschool \_\_\_\_ School Age \_\_\_\_

Title 5 Contract description \_\_\_\_\_  
(e.g. State Preschool, General Child Care, Migrant, etc.)

License Exempt:  Yes  No

If yes, please explain reason for exemption \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Supervisor's title \_\_\_\_\_  
(please print)

### 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.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Program Type

Please circle the **ONE** number which best describes your program:

1. 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.
2. Head Start Programs and other programs serving income-eligible children.
3. 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.)
4. Programs willing and able to serve low-income children subsidized by funds administered by CDD through Alternative Payments.
5. Programs representative of the region's diversity of program type (school-age, infant and toddler, High Scope, Montessori, family day care, etc.).

## Master Teacher Level - Child Development Permit

Qualified Mentors must be *eligible* for the Master Teacher Level (or higher—e.g., Site Supervisor or Program Director) of the 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. If you currently hold a Child Development Permit (Master Teacher Level or higher), please indicate:

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(Permit Level)

(Permit Number)

(Expiration Date)

If you do not currently hold a Child Development Permit (Master Teacher Level or higher), please indicate:

1) *Adult Supervision/ Mentor Course (2 units):*

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(Course Name & Number)

(College)

(Completion Date)

2) *General Education Requirements:*

Please indicate which courses (including course numbers) fulfill the 16 unit requirement in General Education. You must have had at least one course in each of the categories listed below.

	<b>Course Name &amp; Number</b>	<b>College</b>	<b>Units</b>	<b>circle one</b>
English	_____	_____	_____	S Q
Social Sciences	_____	_____	_____	S Q
Math/Sciences	_____	_____	_____	S Q
Humanities	_____	_____	_____	S Q
Other	_____	_____	_____	S Q

3) *Specialization:*

Please indicate your area of Specialization and indicate which courses (including course numbers) 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: \_\_\_\_\_

<b>Course Name &amp; Number</b>	<b>College</b>	<b>Units</b>	<b>circle one</b>
_____	_____	_____	S Q
_____	_____	_____	S Q
_____	_____	_____	S Q

4) *Practicum/Student Teaching/Supervised Field Experience:*

Please indicate here which course fulfills the Practicum/Student Teaching/Supervised Field Experience requirement. (Note: Regardless of course title, the requirement is a course with supervised student teaching in an Early Childhood setting.)

\_\_\_\_\_ (Course Name & Number) \_\_\_\_\_ (College) \_\_\_\_\_ (Completion Date)

5) *Alternate Qualifications:*

Please provide proof of a Bachelor's Degree or higher. *Alternate Qualifications* also include 12 semester units in ECE/child development and 3 semester units supervised field experience. If not already described by the applicant in the Academic Education section, these qualifications must be described in this section.

## 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 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 more paper if necessary.)

2) Briefly describe your philosophy about (a) working with young children and their families; and (b) how young children learn and develop. (Use more paper if necessary.)

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 more paper if necessary.)

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

**Experience**

List your previous work experience in child care or preschool teaching (begin with most recent experience). (Use more paper if necessary.)

1) Name of center or school\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_ Dates employed\_\_\_\_\_

City and zip code

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

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

Job description:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

2) Name of center or school\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_ Dates employed\_\_\_\_\_

City and zip code

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

Job title \_\_\_\_\_ Age of children you worked with \_\_\_\_\_

Job description: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3) Name of center or school \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Dates employed \_\_\_\_\_

City and zip code

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

Job title \_\_\_\_\_ Age of children you worked with \_\_\_\_\_

Job description: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### **Academic History**

List relevant academic achievements regarding Early Childhood Education or Child Development programs. Include an official transcript of all coursework completed for each college or school you list and verification of completion of a college Early Childhood degree or certificate.

1) Name of college or school \_\_\_\_\_ Dates attended \_\_\_\_\_

Title of major or certificate program \_\_\_\_\_

Name of degree or credential completed \_\_\_\_\_ Date received \_\_\_\_\_

Total earned quarter units \_\_\_\_\_ semester units \_\_\_\_\_

Description of supervised teaching experience (include course numbers and requirements):

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2) Name of college or school \_\_\_\_\_ Dates attended \_\_\_\_\_

Title of major or certificate program \_\_\_\_\_

Name of degree or credential earned \_\_\_\_\_ Date received \_\_\_\_\_

Total earned quarter units \_\_\_\_\_ semester units \_\_\_\_\_

Description of supervised teaching experience (include course numbers and requirements):

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3) Name of college or school \_\_\_\_\_ Dates attended \_\_\_\_\_

Title of major or certificate program \_\_\_\_\_

Name of degree or credential earned \_\_\_\_\_ Date received \_\_\_\_\_

Total earned quarter units \_\_\_\_\_ semester units \_\_\_\_\_

Description of supervised teaching experience (include course numbers and requirements):

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For more information contact:

(Local Program or Regional Coordinator)