



Building Partnerships for Tomorrow

Union County Educational Services Commission

45 Cardinal Drive

Westfield, New Jersey 07090

Phone: 908-233-9317

Fax: 908-233-7432

Transportation Fax: 908-518-1669

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tfoppert@ucesc.org

Michael J. Kowalski
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mkowalski@ucesc.org

Eric Larson
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Board Secretary
el Larson@ucesc.org

Lorraine Vitiello
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lvitiello@ucesc.org

UCESC Mentoring Plan Mentor Teaching Application Form

Directions: Please complete this application form and attach the reference form with three signatures prior to submitting to your Principal/Director.

Name: _____

School: _____

Subject/Grade Level: _____

1. Why do you want to be a mentor? What abilities and experiences do you bring to process of mentoring new teachers?

2. How do you remain current in the areas of curriculum, instruction and assessment?

I am submitting this application in consideration for a position as a mentor teacher and understand that the role of the mentor is a critical factor in the success of a novice teacher.

Signature: _____

Date: _____

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**UCESC Mentoring Plan
Mentor Teacher Reference Form**

Mentor Applicant: _____ **School:** _____

Reference 1

Name: _____ **School:** _____

Position: _____

I believe that the aforementioned applicant possesses the requisite knowledge, skills and attitude to effectively serve as a mentor for a novice teacher.

Signature: _____ **Date:** _____

Reference 2

Name: _____ **School:** _____

Position: _____

I believe that the aforementioned applicant possesses the requisite knowledge, skills and attitude to effectively serve as a mentor for a novice teacher.

Signature: _____ **Date:** _____

Reference 3

Name: _____ **School:** _____

Position: _____

I believe that the aforementioned applicant possesses the requisite knowledge, skills and attitude to effectively serve as a mentor for a novice teacher.

Signature: _____ **Date:** _____



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**UCESC Mentoring Plan
Certification of Mentoring:
Mentor Teacher Assignment Form**

Novice Teacher's Name: _____

School: _____

Subject/Grade Level: _____

I have assigned the following mentor teacher to the aforementioned novice teacher:

Mentor Teacher Name: _____

School: _____

Position: _____

Principal/Director's Name: _____

School/Program: _____

Signature: _____ **Date:** _____



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**UCESC Mentoring Plan
Authorization for Payroll Deduction of Mentor's Fee:
Four-Week Mentoring Phase**

Novice Teacher's Name: _____

School: _____

Title of Provisional Certificate: _____

Full Time Equivalency: (check one)

_____ Full Time

_____ 4/5 Time

_____ 3/5 Time

_____ 2/5 Time

_____ 1/5 Time

_____ Other (Explain) _____

Commencement Date of Four-Week Mentoring Phase: _____

Payroll Deduction Authorization:

I hereby authorize the Union County Educational Services Commission to deduct \$450.00 from my paycheck at the conclusion of my four-week mentoring phase to be paid to the following mentor teacher:

Mentor Teacher's Name: _____

In the event the four-week mentoring phase has not been completed at the conclusion of this school year or upon my termination of employment, I hereby authorize UCESC to deduct a prorated share of the mentoring fee from my final paycheck to be paid to my assigned mentor.

Novice Teacher's Signature: _____ **Date:** _____



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**UCESC Mentoring Plan
Authorization for Payroll Deduction of Mentor's Fee:
30-Week Mentoring Phase**

Novice Teacher's Name: _____

School: _____

Title of Provisional Certificate: _____

Full Time Equivalency: (check one)

_____ Full Time

_____ 4/5 Time

_____ 3/5 Time

_____ 2/5 Time

_____ 1/5 Time

_____ Other (Explain) _____

Commencement Date of 30-Week Mentoring Phase: _____

Payroll Deduction Authorization:

I hereby authorize the Union County Educational Services Commission to deduct \$550.00 from my paycheck at the conclusion of my 30-Week mentoring phase to be paid to the following mentor teacher:

Mentor Teacher's Name: _____

In the event the 30-Week mentoring phase has not been completed at the conclusion of this school year or upon my termination of employment, I hereby authorize UCESC to deduct a prorated share of the mentoring fee from my final paycheck to be paid to my assigned mentor.

Novice Teacher's Signature: _____ **Date:** _____



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**UCESC Mentoring Plan
Initial Needs Assessment Questionnaire - Novice Teachers**

Novice Teacher: _____ **School:** _____ **Date:** _____

Part A. Please choose the response for each item that indicates your level of need for assistance in the area:

- | | |
|--|---|
| A. Little or No Need for assistance | D. High Need for assistance |
| B. Some Need for assistance | E. Very High Need for assistance |
| C. Moderate Need for assistance | |

- ___ 1. Finding out what is expected of me as a teacher
- ___ 2. Communicating with the principal
- ___ 3. Communicating with other teachers
- ___ 4. Communicating with parents
- ___ 5. Organizing and managing my classroom
- ___ 6. Maintaining student discipline
- ___ 7. Obtaining instructional resources and materials
- ___ 8. Planning for instruction
- ___ 9. Managing my time and work
- ___ 10. Diagnosing student needs
- ___ 11. Evaluating student progress
- ___ 12. Motivating students
- ___ 13. Assisting students with special needs
- ___ 14. Dealing with individual differences among students
- ___ 15. Understanding the curriculum
- ___ 16. Completing administrative paperwork
- ___ 17. Using a variety of teaching methods
- ___ 18. Facilitating group discussions
- ___ 19. Grouping for effective instruction
- ___ 20. Administering standardized tests
- ___ 21. Understanding the district teacher evaluation progress
- ___ 22. Understanding my legal rights and responsibilities as a teacher
- ___ 23. Dealing with stress
- ___ 24. Dealing with union-related issues
- ___ 25. Becoming aware of special services provided by the school district

Part B. Please respond to the following questions on the reverse side of this form:

- 1. List any professional needs you have that are not addressed by the preceding items.
- 2. What additional types of support should the district provide you and other novice teachers?

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**UCESC Mentoring Plan
Initial Needs Assessment Questionnaire - Mentor Teachers**

Mentor Teacher: _____ **School:** _____ **Date:** _____

Part A. Please choose the response for each item that indicates your level of need for assistance in the area:

- | | |
|--|---|
| A. Little or No Need for assistance | D. High Need for assistance |
| B. Some Need for assistance | E. Very High Need for assistance |
| C. Moderate Need for assistance | |

- ___ 1. Learning more about what is expected of me as a mentor
- ___ 2. Collecting classroom observation data
- ___ 3. Diagnosing needs of my novice teacher
- ___ 4. Interpersonal skills
- ___ 5. Assisting my novice teacher with classroom management
- ___ 6. Helping my novice teacher develop a variety of effective teaching strategies
- ___ 7. Using principles of adult learning to facilitate the professional growth of my novice teacher
- ___ 8. Socializing my novice teacher into the school culture
- ___ 9. Helping my novice teacher maintain student discipline
- ___ 10. Helping my novice teacher design a long-range professional development plan
- ___ 11. Finding resources and materials for my novice teacher
- ___ 12. Providing emotional support for my novice teacher
- ___ 13. Co-teaching with my novice teacher
- ___ 14. Managing my time and work
- ___ 15. Problem-solving strategies
- ___ 16. Helping my novice teacher motivate students
- ___ 17. Helping my novice teacher diagnose student needs
- ___ 18. Helping my novice teacher deal with individual differences among students
- ___ 19. Helping my novice teacher evaluate student progress
- ___ 20. Engaging in expert coaching of my novice teacher

Part B. Please respond to the following questions on the reverse side of the form

- 1. List any needs that you have as a mentor that are not addressed by the preceding items.
- 2. What additional types of support should the district provide to other mentors?



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UCESC Mentoring Plan Mentoring Contract

Union County Educational Services Commission recognizes that teacher effectiveness has a profound impact on student achievement. It is our strong belief that lessons learned during the first years in the classroom shape the future performance of novice teachers. This contract establishes a collaborative team of administrators and educators to ensure that the novice teacher receives the individualized support, collegial conversations, professional development, supervision, evaluation, and feedback needed to ensure a positive and successful adjustment.

The mentor and the novice teacher hereby agree:

- To develop a professional and collegial working relationship by discussion of expectations and by arriving at a mutual understanding about how to work together effectively
- To keep confidential all discussions related to the mentoring process

The mentor hereby agrees:

- To develop an individual plan of support based upon the recognition of the professional training, background, experiences, and expressed needs of the novice teacher.
- To provide the novice teacher with feedback, coaching, and support based on regularly scheduled weekly meetings and classroom observations.
- To remain available for informal support and consultation.

The novice teacher hereby agrees:

- To observe and model the instructional practices demonstrated by the mentor teacher.
- To remain receptive and follow through on the recommendations of the mentor teacher.
- To seek out the mentor for guidance regarding any questions or issues that may arise.

The principal hereby agrees:

- To observe and evaluate the novice teacher in accordance with N.J.A.C.6A:9-8.6.
- To provide support to both the mentor and novice teacher.
- To refrain from soliciting evaluative comments from the mentor regarding the novice teacher.
- To ensure that all involved parties follow all New Jersey regulations for mentoring aligned with the NJ Professional Standards for Teachers and the approved district mentoring plan.

Mentor Teacher's Signature

Date

Novice Teacher's Signature

Date

Principal's Signature

Date

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UCESC Mentoring Plan No Fault Exit Form

Union County Educational Services Commission recognizes the importance of the trusting and supportive relationships that develop between mentor and novice teachers. Administrators make every effort to assign mentors based upon perceived compatibility with novice teachers. However, it is readily acknowledged that a variety of circumstances and/or factors can impact negatively upon the productivity of the mentoring relationship.

It has been determined that the mentoring relationship between _____ (Mentor) and _____ (Novice Teacher) should be dissolved as of _____ (Date). There is no implied blame or fault attached to either party in the conclusion of the relationship.

Mentor Teacher's Signature	Date
----------------------------	------

Novice Teacher's Signature	Date
----------------------------	------

Principal's Signature	Date
-----------------------	------



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UCESC Mentoring Plan Mentoring Log

Instructions: Please log each session with your mentee. Submit this log form to the district office on the last working day of each month for the duration of your mentorship. Please keep a record for yourself also.

Month: _____ Year: _____ School/District: _____

Mentor Name: _____ Mentor Signature: _____

Novice Teacher Name: _____ Novice Teacher Signature: _____

Total No. of Mentoring Hours This Month: _____

<u>Date</u>	<u>Time</u> <u>From:</u> <u>To:</u>	<u>Description of Activities</u>	<u>Total</u> <u>Time</u>



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**UCESC Mentoring Plan
Certification of Mentoring:
Intensive Four-Week Mentoring Phase**

Novice Teacher's Name: _____

School: _____

Subject/Grade Level: _____

We hereby certify that the aforementioned novice teacher has successfully completed all requirements of the Intensive Four-Week Phase of the UCESC Mentoring Program:

Mentor Teacher's Name: _____

Signature: _____ **Date:** _____

Novice Teacher's Name: _____

Signature: _____ **Date:** _____

Principal/Director's Name: _____

Signature: _____ **Date:** _____



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**UCESC Mentoring Plan
Certification of Mentoring:
30-Week Mentoring Phase**

Novice Teacher's Name: _____

School: _____

Subject/Grade Level: _____

We hereby certify that the aforementioned novice teacher has successfully completed all requirements of the Intensive 30-Week Phase of the UCESC Mentoring Program:

Mentor Teacher's Name: _____

Signature: _____ **Date:** _____

Novice Teacher's Name: _____

Signature: _____ **Date:** _____

Principal/Director's Name: _____

Signature: _____ **Date:** _____



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UCESC Mentoring Plan Exit Survey - Novice Teacher

Novice Teacher: _____ School: _____

Date: _____

Part A. Please choose the response that indicates your level of agreement with the following statements:

A. Strongly Agree

B. Agree

C. Agree Somewhat

D. Disagree

E. Strongly Disagree

- ___ 1. I understood what was expected of me as a novice teacher
- ___ 2. I communicated often with my mentor
- ___ 3. My mentor was helpful in planning lessons
- ___ 4. I felt personally supported by my mentor
- ___ 5. My mentor observed lessons and provided feedback on my teaching
- ___ 6. I felt prepared to work with parents
- ___ 7. I became part of the school culture
- ___ 8. I received adequate assistance in securing needed resources
- ___ 9. I improved my classroom management
- ___ 10. I improved my teaching
- ___ 11. I felt supported by the program coordinator
- ___ 12. My mentor and I had ample time together
- ___ 13. I am glad I was a part of this mentoring program

Part B. Please respond to the following items on the reverse side of this form:

1. What needs as a novice teacher did you have that were not addressed by the mentoring program?
2. What additional supports should the school district provide to novice teachers?



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UCESC Mentoring Plan Exit Survey - Mentor Teacher

Mentor Teacher: _____ School: _____
Date: _____

Part A. Please choose the response for each item that most closely indicates your level of agreement with the following statements. Possible Responses:

- | | |
|--------------------------|-----------------------------|
| A. Strongly agree | D. Disagree |
| B. Agree | E. Strongly disagree |
| C. Agree somewhat | |

- ___ 1. I understood what was expected of me as a mentor
- ___ 2. I communicated often with my novice teacher
- ___ 3. I helped my novice teacher plan lessons
- ___ 4. I provided personal support to my novice teacher
- ___ 5. I observed lessons and provided feedback on my novice teacher's teaching
- ___ 6. I felt prepared to be a mentor
- ___ 7. I helped my novice teacher become part of the school culture
- ___ 8. My novice teacher's ability to work with parents improved
- ___ 9. My novice teacher's classroom management improved
- ___ 10. My novice teacher's teaching improved
- ___ 11. I felt supported by the program coordinator
- ___ 12. My novice teacher and I had ample time together
- ___ 13. I am glad that I was a part of this mentoring program

Part B. Please respond to the following items on the reverse side of this form.

1. As a mentor, what needs (if any) did you have that were not addressed by the mentoring program?
2. What types of additional support should the school district provide to mentors?



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UCESC Mentoring Plan Mentoring Transfer Template

District/Nonpublic School: _____

Novice Provisional Teacher's Name: _____

Novice Provisional Teacher's PLMRS Tracking Number: _____

Check One: ☐ CE _____ ☐ CEAS _____

School District Contact: (Name of individual who can provide information about the mentoring that occurred and the mentoring fees that were paid while the provisional teacher was employed in the district)

Name (Please print): _____ **Title:** _____

Phone (incl. ext.): _____ **Email:** _____

Novice Provisional Teacher's Mentor: _____

Date One-to-One Mentoring began: Month: _____ **Year:** _____

Required initial, weekly one-to-one meetings have been completed: ☐ Yes _____ ☐ No _____

Required minimum of 30 weeks of mentoring have been completed ☐ Yes _____ ☐ No _____

If "No" was checked indicate below how many weeks of mentoring have been completed:

Total # of weeks of mentoring completed (out of 30 minimum): _____

By signing below, you are attesting to the accuracy of this document:

*Signature, Chief School Administrator (or designee)
or Nonpublic School Lead (or designee)*

Printed Name

Date