



Level II Mentoring Statement of Assurance

I, _____, understand that the individual(s) I have been assigned to mentor are not novice teachers and are experienced teachers who are new to the Paterson Public School District and must be offered support during their first year of employment, as mandated by the New Jersey Department of Education. Guidance and support will be provided according to the agreed meeting schedule listed below.

I also understand these meetings must be a minimum of one hour in length and if possible, scheduled during the months of February, March, April and May. If there are any changes, I will contact my mentee and Taina Pou via email to notify both parties of said changes.

Mentor/ Mentee Schedule

Date	Location
1.	
2.	
3.	

Mentor Name (please print)

Mentee Signature

Mentor Name (please print)

Mentor Signature

Title of Mentor

Date

District Use Only

Acknowledged by: _____

Date: _____

Title: _____



**Level II Mentoring
Agenda**

Mentor: _____

Date of Meeting: _____

Discussion Notes:

Sign- In for Level II Mentees- Please print and sign below:

Print Name: _____ **Signature** _____ **Location** _____

Print Name: _____ **Signature** _____ **Location** _____