Pittsford Central School District

Paraprofessional Mentor Application

Thank you for your interest in becoming a Para Mentor. Please complete the following application to be considered for this role. The application process is open March 1st- March 31st. Applications must be returned to the Teacher Center by March 31st.

PART I – Applicant Information

NAME	SCHOOL	YEARS IN DISTRICT	YEARS IN EDUCATION

CURRENT ROLE	CURRENT LEVEL
☐ Educational Assistant ☐ CSE Assigned Paraprofessional ☐ Supervisory Paraprofessional ☐ Other _____	☐ Elementary School ☐ Middle School ☐ High School

PART II – References

In addition to your principal, you will need three confidential references to complete this application. Please provide the names of three colleagues you would like us to contact as a reference for you.

NAME	BUILDING

PART III- Applicant's Statement

A. Please explain why you would like to become a mentor.

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B. Describe a recent time in your professional career when you supported a colleague. [Please do not use your colleague's name to protect his/her privacy, as this statement will be reviewed by the Para Mentor Steering Committee.]

Print Name:_____

Signature: _____

Date:_____