



School Mentor Form

TO BE COMPLETED BY MENTOR

Date Form Completed:	
Campus Mentor's Name:	
Last	First
Middle	
E-mail Address:	
Home Phone:	Cell Phone:
District Name:	Campus Name:
Campus Address	Campus City State Zip
Campus Phone #	Fax #
Principal's Name:	
Intern's Name:	
Term of Mentorship:	<p style="text-align: center;"> Fall _____ <input type="checkbox"/> Year </p> <p style="text-align: center;"> Spring _____ <input type="checkbox"/> Year </p> <p style="text-align: center;"> Fall/Spring _____ <input type="checkbox"/> Year </p>

TEA number: _____ (required)

You can access this number by going to the TEA website, click on TEAL (you may need to create a login if you have never accessed your TEA number. Once logged in, you will see a TEA identification number of 6-7 digits.