

Virginia Department of Education
Division of Teacher Education, Licensure, and Professional Practice
Office of Professional Practice

*Application for Mentor Teacher Funds and Affidavit
for Verifying Count of New Teachers with
No Teaching Experience for 2006-2007*

Name of School Division

Mentor Teacher Contact

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Telephone

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Fax

E-mail

Please provide the information below:

_____ Number of new teachers with no years of teaching experience who will be employed in my school division during the 2006-2007 school year.

_____ Projected number of new teachers with no years of teaching experience who will be employed in my school division during the 2007-2008 school year.

This is to verify that the information provided above represents the most accurate number of new teachers with no years of experience employed in my school division for the time periods indicated. I understand that a local resource commitment of 50 percent is required and funds will be retroactive to July 1, 2006. I also will collaborate with an institution(s) of higher education in the continued development and implementation of my mentor teacher program.

Name (Superintendent or Designee)

Signature (Superintendent or Designee)

Date

**PLEASE FAX THIS FORM BY SEPTEMBER 15, 2006 TO
SUSAN M. TRULOVE, ASSOCIATE DIRECTOR OF THE OFFICE OF PROFESSIONAL
PRACTICE, DIVISION OF TEACHER EDUCATION, LICENSURE, AND PROFESSIONAL
PRACTICE, VIRGINIA DEPARTMENT OF EDUCATION, AT (804) 225-3671.**