

# AACS Continuing Education Supervising Teacher (Mentor of Student Teacher or Mentor in Approved Program)

**Directions:**

- Print legibly.
- This form is required to verify that the supervising teacher mentored a student in an approved mentoring program or supervised a student teacher for a full-time student teaching experience. (Typically, the student teacher receives 9 to 12 college credits for this course.)
- School administrator's signature is required. In lieu of the school administrator's signature, the supervising teacher can submit documentation from the college that assigned the credit to the student teacher.
- Retain this form. When you submit certification renewal application, include this form (and college documentation, if applicable) with your other renewal paperwork.
- For certificate renewal, no more than 10 contact hours may be for supervising a student teacher or mentoring in an approved mentoring program.
- Supervising/mentoring is valued at 10 contact hours.

**Supervising Teacher Information**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

**Certification Area**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Preschool    | <input type="checkbox"/> Secondary                  | <input type="checkbox"/> Specialist (Bible, CIT, Counseling) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> All-Level (Music, Art, PE) | <input type="checkbox"/> Administrator                       |
| <input type="checkbox"/> Elementary   | <input type="checkbox"/> Special Education          |  |

Current Certificate Endorsement(s) (Elementary Ed, Music, Math, etc.) \_\_\_\_\_

**Information for Student Teacher**

Name of Student Teacher \_\_\_\_\_

College (That Awarded the Student Teacher Credit for Student Teaching) \_\_\_\_\_

College Address (City, State) \_\_\_\_\_

Dates of Student Teaching \_\_\_\_\_ Credits Awarded \_\_\_\_\_

 Teachers for Tomorrow Mentoring Program**Verifier's Information**

Name of School Administrator or College Program Director \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\* Signature verifies the supervising teacher's participation.

<b>For Office Use Only</b>	
<input type="checkbox"/> Continuing education credit granted	Explanation of denial:
<input type="checkbox"/> Continuing education credit denied	
Number of contact hours allowed for activity: _____	
Conditions or limitations:	
Signature of AACS official _____ Date of Reply _____	