

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Department of Counseling & Special Education

3211 Providence Drive, PSB Suite 225, Anchorage, Alaska 99508-4614
907.786. 6317 • 888.822.8973 • fax: 907.786.4474 • e-mail: case@uaa.alaska.edu

Special Education Program

MENTOR TEACHER INFORMATION FORM

Please provide all of the following information and return to the above address.
(type or print clearly using ink)

CANDIDATE / Graduate Intern: _____

Semester taught: [] Fall [] Spring [] Summer Year _____

UA ID [] 3 credits [] 6 credits

HOST SCHOOL INFORMATION:

Name: _____ Office Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

MENTOR/HOST TEACHER INFORMATION:

Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

UA ID (if you have one): _____ Are you an employee of the University of Alaska? [] Yes [] No

If you wish to receive an honorarium you must provide a W-9

Table with 4 columns: Degree Earned including Emphasis, Date, University, Location. Contains 3 empty rows for data entry.

Certificate & Endorsements Held:

Type: _____ Expires: _____ # years teaching Sp. Ed.: _____

Emphasis: _____

Description of current position including number and type of students in class:

Summary of previous positions or other credentials: (Continue on back if necessary)

Mentor Teacher Signature _____ Date _____

HONORARIUM: Please Note - Honoraria are paid as a token of appreciation for services rendered during EDSE 695 only.
Payment by the end of the semester is not guaranteed when forms are submitted after the deadline.

Approved by:

Department Chair _____ Date _____