Name of Supervising/Mentor Teacher, School Psychologist or School Counselor:

(Please Print) _____

Semester: _____ ***Year:*** _____

Name of Mentee: _____ *(Please Print)*

Planned/Completed Activity	Date	Time Spent	Mentee Signature In	Mentee Signature Out

Signature below represents verification of participation in activities.

Principal/District Assistant Superintendent Signature: _____

District: _____ ***Building:*** _____