



2009-2010

Individual Student Mentoring Contract

Please read the following instructions carefully:

1. Students who wish to have the ongoing support of an individual Mentor may apply for *Individual Student Mentoring* by completing the **Student** section of this form.
2. The Mentor may agree to provide the *Individual Student Mentoring* requested by completing the **Mentor** section of this form.
3. The Mentor Coordinator **must** approve the *Individual Student Mentoring Contract* before this activity officially begins if the Mentor is to be eligible for an *Individual Student Mentoring Stipend*.
4. At the end of the placement, Mentor and Student must submit adequate documentation and sign this *Contract* verifying that activities have been completed.
5. The Mentor Coordinator must approve the completed *Contract*, sign and submit it to the Mentor Program at City College of San Francisco.

The contract MUST begin and end within the same fiscal year, August 1 through June 30.

STUDENT			
FIRST NAME	MI	LAST NAME	COLLEGE WHERE YOU ARE ENROLLED
YOUR MAILING ADDRESS		CITY	ZIP CODE
E-MAIL ADDRESS		WORK PHONE NUMBER ()	HOME PHONE NUMBER ()
Name of Mentor with whom you wish to work		Are you currently employed in early childhood education? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many units of ECE/CD have you completed? _____ units Circle one: semester quarter
What type of support would you like your Mentor to provide? (Please check all that apply) <div style="text-align: center;"><u>Job or school related concerns</u></div> <input type="checkbox"/> Observations <input type="checkbox"/> Projects <input type="checkbox"/> Classroom practices <input type="checkbox"/> Career mentoring <input type="checkbox"/> Other: _____ <div style="text-align: center;"><u>College referrals</u></div> <input type="checkbox"/> Tutoring <input type="checkbox"/> Academic advising <input type="checkbox"/> ESL <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other: _____			Are you currently enrolled in the TANF-CDC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Mentor will provide 25 hours of mentoring. When do you wish to begin? MONTH DAY YEAR
How should your Mentor contact you throughout this Contract? (Please check all that apply) <input type="checkbox"/> Telephone <input type="checkbox"/> Site visits <input type="checkbox"/> Meeting(s) off site <input type="checkbox"/> Meeting(s) on site <input type="checkbox"/> Email or fax <input type="checkbox"/> Journaling or other written documentation <input type="checkbox"/> Other: _____			
Work Setting: Please circle the number that best describes you <i>(circle one only)</i>	<ol style="list-style-type: none"> 1. Currently working in a CDD funded program. 2. Working with low-income children in a Head Start center or other center/family day care home. 3. Working or seeking to work in a center or family day care home subsidized in part by funds administered by the Child Development Division, California Department of Education. 4. Specializing or seeking to specialize in serving children in a primary language, or serving children with special needs (infants and toddlers, exceptional needs children, etc.). 5. Working or seeking to work in any program that could serve children subsidized by funds administered by CDD. 		
YOUR SIGNATURE		SIGNATURE DATE (MUST BE BEFORE CONTRACT BEGINS)	

MENTOR

FIRST NAME	MI	LAST NAME	MOO NUMBER		
The contract is for 25 hours of mentoring. When will it begin?		MONTH	DAY	YEAR	WORK PHONE NUMBER ()
Please describe the type of support you will provide to the student. (Check all that apply)					
<u>Job or school related concerns</u> <input type="checkbox"/> Observations <input type="checkbox"/> Projects <input type="checkbox"/> Classroom practices <input type="checkbox"/> Career mentoring					
<input type="checkbox"/> Other: _____					
<u>College referrals</u> <input type="checkbox"/> Tutoring <input type="checkbox"/> Academic advising <input type="checkbox"/> ESL <input type="checkbox"/> Financial Aid					
<input type="checkbox"/> Other: _____					
Please describe how you will maintain contact with the student over the course of this Contract. (Check all that apply)					
<input type="checkbox"/> Telephone <input type="checkbox"/> Site visits <input type="checkbox"/> Meeting(s) off site <input type="checkbox"/> Meeting(s) on site <input type="checkbox"/> Email or fax					
<input type="checkbox"/> Journaling or other written documentation <input type="checkbox"/> Other: _____					
YOUR SIGNATURE			SIGNATURE DATE (MUST BE BEFORE CONTRACT BEGINS)		

MENTOR COORDINATOR PRE-APPROVAL

Comments and/or additional requirements:	
Documentation that will be required: (Please check all that apply)	
<input type="checkbox"/> Log <input type="checkbox"/> Written Report <input type="checkbox"/> Student Evaluation <input type="checkbox"/> Other: _____	
COORDINATOR'S SIGNATURE	SIGNATURE DATE (MUST BE BEFORE PLACEMENT BEGINS)

VERIFICATION OF CONTRACT COMPLETION

STUDENT'S SIGNATURE	SIGNATURE DATE
MENTOR'S SIGNATURE	SIGNATURE DATE
COORDINATOR'S SIGNATURE	SIGNATURE DATE
MENTOR PROGRAM NAME	WHEN DID THIS PLACEMENT END? MONTH DAY YEAR ~

FOR OFFICE USE ONLY

Submit this completed form to:

California Early Childhood Mentor Program
City College of San Francisco
50 Phelan Avenue, S-10
San Francisco, CA 94112

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