



SCHOOL DISTRICT 64
(GULF ISLANDS)

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PROFESSIONAL GROWTH MENTORSHIP

PROTOCOL

1. The applicant will fill out an application form (below)
2. Application sent to the GITA ProD Chair; cc to Superintendent
3. Applications will be reviewed, costs calculated, and, if viable, application will be approved
4. Mentor(s) will be contacted as to application status
5. Mentor & applicant meet to set mutual goals (see form)
6. After the process is completed, Mentor will report progress (below)

APPLICATION FORM

Name: _____ School (if applicable): _____

1. Please state your goals for professional growth: _____

a) Short Term: _____

b) Long Term: _____

2. What process would be most effective for you? _____

observation/discussion (classroom visit) coaching-subject(s) demo/debrief other: _____

comments: _____

3. Qualities that you think are important in a mentor: _____

Please fill out and send to the GITA ProD Chair
cc. Superintendent

PROCESS FORM

Mentor:

Mentored:

Date:

1. Plan (please indicate timeline as well):

2. Release time required:

a) Mentor:

b) Mentored:

3. How will you measure progress?

4. Review and Report: (to be written collaboratively):
