

School District of Pasco County

Mentoring Services Agreement Form

School Year of _____
(enter school year)

Excellent Teaching Program

**National Board for Professional Teaching Standards (NBPTS)
Certified Teacher**

I, _____, hold National Board for Professional
(NBCTs printed name)

Teaching Standards (NBPTS) certification and am employed by the Pasco County School District. I have submitted proof from the National Board for Professional Teaching Standards organization that verifies I am currently a National Board Certified teacher and I wish to provide mentoring and related services. I understand that in order to be eligible for the Mentoring Services Salary Bonus, I must hold a valid NBPTS certificate and show documentation that I have provided the equivalent of 12 workdays (90 hours) of mentoring and related services to public school teachers who do not hold NBPTS certification. I understand these services cannot be provided during student contact time during the 196 days of required services for the school year. I understand that I must use the *Mentoring Log* to document the hours of mentoring and related services. I understand I must have completed Clinical Educator Training and the National Board Mentor Training before the end of this school year.

NBCTs signature

Date

Prior to providing mentoring services,
please sign and return this form to:

Terri Brown
Staff Development