

2018-19 TWO WAY MENTOR INSTRUCTIONAL TIME FORM

District: _____

School Year: _____

Bldg/
Program: _____

Count: Fall Spring

INSTRUCTIONS: Complete the report below for each pupil in grades 6-12 enrolled in self-scheduled virtual learning courses. **There must be two-way contact between student and certified mentor at least once per week for each of the four (4) week count period. The interactions must be course content specific.** Documentation of this weekly contact must be available at the field audit.

Pupil's Name: _____

Grade: _____

Mentor Name: _____

DATE	Contact Type (Check Box)				Comments:	Count Weeks for Certified Mentor Teacher Two-Way Interactions with Student Count Week = Wednesday through Tuesday	
	E=e-mail (with reply)	P=phone conversation	F=face to face	O=other		Week 1: W Oct 03 - T Oct 09 Week 2: W Oct 10 - T Oct 16 Week 3: W Oct 17 - T Oct 23 Week 4: W Oct 24 - T Oct 30	W Feb 13 - T Feb 19 W Feb 20 - T Feb 26 W Feb 27 - T Mar 05 W Mar 06 - T Mar 12

I certify that I am a professional employee of the district who monitors the pupil's progress, ensures the pupil has access to needed technology, is available for assistance, and ensures access to the teacher of record.

Signature of Mentor _____

Date _____