

2021-22 TWO WAY MENTOR INSTRUCTIONAL TIME FORM

District: _____

School Year: _____

Bldg/
Program: _____

Count: ☐ Fall ☐ Spring

INSTRUCTIONS:

Complete the report below for each pupil in grades K-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:	<p style="text-align: center; margin: 0;">Count Weeks for Certified Mentor Teacher Two-Way Interactions with Student</p> <p style="text-align: center; margin: 0; color: red;">Count Week = Wednesday through Tuesday</p> <div style="font-size: 0.8em; margin-top: 5px;"> Week 1: W Oct 06 - T Oct 12 W Feb 09 - T Feb 15 Week 2: W Oct 13 - T Oct 19 W Feb 16 - T Feb 22 Week 3: W Oct 20 - T Oct 26 W Feb 23 - T Mar 01 Week 4: W Oct 27 - T Nov 02 W Mar 02 - T Mar 08 </div>
	E=e-mail (with reply)	P=phone conversation	F=face to face	O=other		

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