



Beginning Educator Support Team (BEST) Program

Congratulations on your selection as a BEST mentor! The Beginning Educators Support Team (BEST) Program, a unique opportunity for new and beginning teacher development, provides highly-qualified mentors to first-year teachers. In an effort to reduce educator turnover and ensure equitable student learning opportunities, the program provides support, professional development and resources to teachers in the beginning of their careers. The mentoring experience will provide many opportunities for you, the mentor, to continue to develop and refine your own skills.

Mentor Teachers will be paid a stipend of \$800 through their district. An additional stipend payment for mentor attendance at the NWESD BEST Network Meetings will be paid at \$35/hour, not to exceed 8 hours. You are required to attend four network meetings.

- **Network Meeting Dates: Nov 7, Jan 9, March 13, and May 15.**

Returning this signed agreement is necessary to be compensated for your participation in the NWESD BEST program. Please complete the form below.

Personal Information (all information is required)	
First Name:	Last Name:
Work Email:	Alternate Email (optional):
District Information	
District:	School:
Principal/Admin:	Principal/Admin Email:
Teaching Assignment (Content/Grade):	

Mentors who take part in the BEST grant are asked to consent to the following conditions and make the following commitments. Your signature indicates your agreement.

- I understand the importance of the Mentor Teacher role to strengthen the new teacher’s understanding and initial application of subject area content, instructional practices, school processes, and management strategies.
- I accept this responsibility, will fulfill my obligation to the best of my ability, and agree to complete the activities listed below:
 - Ongoing weekly support for new teachers
 - New teacher observation at least once per quarter
 - Regional Network meeting attendance
 - Mentor Academy attendance (total of three days)
 - Observation & Activity form completion

By signing this document, I agree to fully participate and complete all grant activities.

Signature _____ Date _____

Return completed form to Paula Molitor 1601 R Ave, Anacortes, WA 98221; pmolitor@nwesd.org