



E-MENTOR PROGRAM

Mentor Request Form

Name _____

Title _____

District _____

Street Address _____

City _____ State/Province _____ Zip _____

Country _____ Phone _____ - _____

Fax _____ - _____ E-mail Address _____

Gender M _____ F _____

How many years have you been an AASPA member? (Must be less than 5 years) _____ years

of students in your district _____ # of employees in your district _____

Please check 5 school personnel issues that you would like help with:

- | | |
|---|---|
| <input type="checkbox"/> Alternative Certification | <input type="checkbox"/> Managing Transitions |
| <input type="checkbox"/> Evaluation of Employees | <input type="checkbox"/> Mentor Programs |
| <input type="checkbox"/> Balancing Work and Family | <input type="checkbox"/> Negotiation |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> New Teacher Induction Programs |
| <input type="checkbox"/> Conflict Management/Resolution | <input type="checkbox"/> No Child Left Behind |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Quality Instruction |
| <input type="checkbox"/> Employee Compensation and Benefits | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Ethics in the Workplace | <input type="checkbox"/> Retention |
| <input type="checkbox"/> FLSA | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> FMLA | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> HR Audits | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Interviewing Strategies | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Legal Issues | _____ |
| <input type="checkbox"/> Managing Time and Projects | _____ |

Please fill out the following preferences for your E-Mentor (if you have a preference):

Gender: M _____ F _____

Location: In-State/Province _____ Out-of-State/Province _____

Years in personnel: 5-10 _____ 10-20 _____ 20+ _____

Size of district: Similar to mine _____ Not similar to mine _____

By signing below, I give permission to AASPA to assign me to a mentor for purposes of a 6-month program, and to give that person my contact information.

Signature _____ Date _____

Return this form to AASPA – 533B N. Mur-Len Rd., Olathe, KS 66062, Fax: (913) 829-2041