

## MENTOR FORM

The student will be responsible for filling out this form and submitting it to the appropriate Nova Southeastern University faculty member (Pennsylvania coordinator) prior to embarking on their internship.

Mentors Name: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Mentors commitment:***

I will observe and help direct the efforts of \_\_\_\_\_ during his/her internship at my school. I understand that I will be responsible for submitting two reports that both describe the student's efforts and accomplishments. I understand that the internship activity will be designed to be of some usefulness within the student's school or school system.

First half of school year \_\_\_\_

Second half of school year \_\_\_\_

Summer months \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_