

2020-21 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:	Count Weeks for Certified Mentor Teacher Two-Way Interactions with Student	
	E=e-mail (with reply)	P=phone conversation	F=face to face	O=other		Count Week = Wednesday through Tuesday	
						Week 1: W Oct 07 - T Oct 13	W Feb 10 - T Feb 16
						Week 2: W Oct 14 - T Oct 20	W Feb 17 - T Feb 23
						Week 3: W Oct 21 - T Oct 27	W Feb 24 - T Mar 02
						Week 4: W Oct 28 - T Nov 03	W Mar 03 - T Mar 09

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