



**Office of Educator**  
**Effectiveness Training**  
**Recommendation Form NOVICE**  
**TEACHER MENTORS**

School district or building level administrators are to use this form to recommend a teacher to be trained as a Novice Teacher Mentor.

This signed recommendation form can be scanned and emailed by the building level principal to the contact person for the designated mentor training (recommended) or the form must be brought by the prospective mentor to the mentor training. **Not having this form by the time of the training will delay the approval of the mentor.**

I hereby recommend the following individual to be trained in the Novice Teacher Mentoring Program to become an Arkansas Certified Mentor.

Teacher's Name: \_\_\_\_\_

School / District: \_\_\_\_\_

I hereby assure that the above-named individual has: A current Arkansas Teacher License, unless the requirement for a teaching license is waived by law or in the charter of a public charter school or a private school

- \* A minimum of three (3) years of classroom teaching experience as the Teacher of Record
- \* Been trained in the Danielson *Framework for Teaching*
- \* Been rated as a proficient teacher or the equivalent thereof on the most recent overall evaluation rating
- \* Been recommended by the school district or building level administrator

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

\*An exception to this requirement must be approved by the Office of Educator Effectiveness.