MENTOR REFERENCE FORM
Gifted and Talented Intern/Mentor Program
Howard County Public School System

[Name] has agreed to serve as a mentor for a high school student in the Howard County Public School System. Would you please complete this form and return it to the Gifted and Talented Resource Teacher as soon as possible. Your response will assist us in facilitating the student placement and mentor selection process. Your interest and cooperation are most appreciated.

Please respond briefly to the following questions about the potential mentor:

1. Please describe your professional relationship.

2. How long have you known and/or worked with the potential mentor? ____________________ ________________________________________________________________________

3. How would you recommend this person as mentor for a highly able high school student?

( ) Enthusiastically recommend  ( ) Recommend with reservations

( ) Recommend  ( ) Do not recommend

4. Aside from technical competence and mastery of specific subject matter, mentors should be sensitive to the affective needs, developmental growth, and varying intellectual levels of the students they work with. In light of the forgoing, please comment on this person’s ability or potential to motivate a high school student to learn and produce at a high level.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: ___________________ Address: ___________________

Title: __________________________ Date: __________ Phone: __________

The respondent is requested to provide on the back or with appropriate attachments, any data that will substantiate the above information or to add other relevant information. Narrative statements are encouraged.

Please mail to the school-based G/T Resource Teacher.