

MO-CASE Mentor Registration Form

Name: _____

School District: _____

Contact Phone Number: _____

Contact Email address: _____

Mailing Address: _____

Number of years as a Special Education Director: _____

Please check the areas in which you have experience as a Director:

____ Hiring/Evaluations

____ Finance/Budgets

____ Curriculum and Instruction

____ Interventions

____ Evaluations/Assessments

____ Scheduling

____ Early Childhood Special Ed

____ Professional Development

____ Administrator Collaboration

____ Federal Programs and/or 504

Are you currently mentoring anyone? _____

Have you been a mentor in the past? _____

What LASE group do you attend? _____

Are you willing to mentor someone outside of your geographical area? YES NO

____ Face to face

____ Virtually

Please complete this form and return to Miriah Fowler at Miriah.fowler@mo-case.org

