



**REQUEST FOR PAYMENT OF MENTOR STIPEND**  
 EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 59233 (04-2016)

**Instructions for Mentor:**

1. Complete form below
2. Other forms to submit:
  - a. Completed SFN 59229 Mentor Record of One-on-One Meetings form
  - b. Completed SFN 59228 First-year Teacher Record of One-on-One Meetings form
  - c. Completed SFN 59279 Record of Observation Time-Fall **OR** SFN 60347 Record of Observation Time-Spring
3. Submit to first-year teacher's building administrator for her/him to sign and mail **OR** obtain administrator's signatures and mail forms yourself to **TSS Mentor Project, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503**

**Instructions for First-year Teacher's Building Administrator:** Verify completion of all requirements. Sign and return to mentor **OR** mail to **TSS Mentoring Project, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503**.

Date Submitted			
Name of Mentor		Mentor's School	ND Educator's Professional License Number
Home Mailing Address (include street or PO number)		City	State
		Zip Code	
Name of First-year teacher		First-year Teacher's School	
Name of First-year Teacher's Building Administrator			
Stipend requested for:		Year	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring			

**Requirements:**

- Triad meeting with first-year teacher, principal and mentor on (date) \_\_\_\_\_
- Completion of a minimum of 15 hours of one-on-one conferencing with first-year teacher
- Completion of minimum time of observing first-year teacher
- Completion of minimum of recording of first-year teacher
- Attendance at Mentor Seminar (Fall Stipend) **OR**  Participation in online activities (Spring Stipend)

**The following documents must be submitted:**

- SFN 59233 Request for Payment of Mentor Stipend
- SFN 59229 Mentor Record of One-on-One Meetings form
- SFN 59228 First-year Teacher Record of One-on-One Meetings form
- SFN 59279 Record of Observation Time-Fall **OR** SFN 60347 Record of Observation Time-Spring

Signature of Mentor	Date
Signature of Administrator	Date

APPROVED FOR TEACHER SUPPORT PAYMENT  DATE: _____ CODE: 610
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