



REQUEST FOR PAYMENT OF MENTOR STIPEND

EDUCATION STANDARDS AND PRACTICES BOARD

SFN 59233 (03-2018)

Instructions for Mentor:

1. Complete form below
2. Other forms to submit:
 - o Completed SFN 59229 Mentor Record of One-on-One Meetings form
 - o Completed SFN 59228 First-year Teacher Record of One-on-One Meetings form
 - o 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 him/her to sign and mail **OR** obtain administrator's signature and mail forms yourself to Erin Jacobson, NDTSS Mentor Program, 2718 Gateway Avenue, Suite 204, Bismarck, ND 58503
OR Fax to 701-328-9647 **OR** Email to ecjacobson@nd.gov

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

Date Submitted			
Name of Mentor		Mentor's School	
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: <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year	

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

For use by Teacher Support System	
APPROVED FOR TEACHER SUPPORT PAYMENT	
DATE:	CODE: 610

All forms for the Teacher Support System Mentoring Program are online at <https://www.nd.gov/espb/resources-mentoring-program-1>
ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.