

Director of Special Education and Pupil Services (DSEPS) Program DSEPS Mentor Agreement Form

The mentor must be a licensed Director of Special Education & Pupil Services and currently function in this role.

STATEMENT OF INTENTION TO ACT AS A MENTORING ADMINISTRATOR FOR A STUDENT IN THE UW-EAU CLAIRE DSEPS SPRING PRACTICUM

General expectations of the Mentoring Supervisor:

- Meet with the student/practicum candidate on a regular basis.
- As the practicum progresses, let the candidate take increasing responsibility. Continually discuss and monitor progress in meeting the performance standards.
- Discuss Special Education/Pupil Services leadership with the candidate. Let them know your values.
- Give the practicum candidate feedback. Let them know when they have done a good job, and what can be done to improve.
- Involve the practicum candidate in more than routine administrative matters.
- Ensure that the student meets the minimum 150 hours of practicum experience

Practicum Student Name: _____

Mentoring Administrator Name: _____

Mentor Email: _____ Phone: _____

District Address: _____

By signing this form, I agree to work with the practicum student in their experience. I understand that information that is more detailed will be forwarded to me before the practicum begins.

Mentoring Administrator Signature: _____ Date: _____

IMPORTANT NOTE TO STUDENT: This form is due by the end of your first class. Please scan and send to Phil Huelsbeck at huelsbpj@uwec.edu