

Boulder Valley School District
INDUCTION PROGRAM

Peer Mentor Information

Due: 2nd Induction Seminar, September 26, 2011

Mentor Name: _____

Mentor's School & Assignment: _____

Inductee Name: _____

Inductee Assignment: _____

Inductee District Email: _____

Mentor's BVSD Employee ID Number for stipend payment: _____
(not Social Security Number)

Mentor's School Phone Number: _____

Mentor's District Email: _____

Mentor's Years with BVSD: _____ yrs.

District Mentor Training Received? _____ Yes _____ No

Mentor signature: _____

Administrator signature: _____