



The voice and vision of special education

CEC/CEC Pioneers Division Student Mentoring Program - Mentor Information Sheet -

Name: _____ CEC ID#: _____

Address: _____

E-mail: _____ Fax: _____

Phone: (Day) _____ (Evening) _____

All Mentors must be a current CEC Premier, Professional, or Retired member. Please indicate your CEC member type: __Premier __Professional __Retired

Years of teaching/supervision/consultation/administration experience: _____

Special education student level(s) you would be able to mentor:

- Preschool/Early Childhood
Elementary School
Middle School
High School
Transition (18-21)

Higher education

Administration (building level)

Administration (district level)

Other (please specify) _____

Areas of interest in which you would like to mentor:

- Paraprofessional Supervision
Behavior Management
Literacy
Bilingual Education/Special Education
Inclusive Education Service Delivery
Linking Instruction to Content Standards
Content Area Accommodations/Modifications
Working with Students with Learning Disabilities
Working with Students with Developmental Disabilities
Working with Students with Significant Disabilities
Working with Students with Behavioral Disorders
Working with Students with Autism
Working with Students with Sensory Impairments
Working with Students in an Inclusive Education Service Delivery System
Working with Students in Community Based Settings
Working with Students in Alternative Facilities (e.g., residential, day treatment)
Other (please describe) _____

Number of students you would initially consider to mentor: 1 2

Please return your completed form by August 26, 2011 to: Pamela Gillet, 413 Courtlea Oaks Blvd, Winter Garden, FL 34787-4515, pamelagillet@aol.com Thank you!