



# NEW EDUCATOR TRAINING MENTOR AGREEMENT PEER COACH ASSIGNMENT VERIFICATION FORM

PEER COACH  
AGREEMENT  
2008-2009

Name of Peer Coach \_\_\_\_\_

Name of School \_\_\_\_\_

Peer Coach Employee Number \_\_\_\_\_

NET Teacher Name: \_\_\_\_\_

NET Teacher Subject(s): \_\_\_\_\_

**Peer Coach Criteria:**

- Have at least three years of successful teaching experience;
- Hold/possess a valid regular teaching certificate;
- Are certified at the same grade level or in the same subject area as the new teacher, if possible
- Peer Coaches are encouraged to have successfully completed Clinical Educator Training

**As a Peer Coach, I agree to:**

- Provide ongoing mentoring services to the above named teacher during the school year;
- Meet a minimum of once per week during the school year to assist the NET teacher;
- Document all meetings using the Peer Teacher Mentor Log to be submitted to the Professional Development Center at the end of each marking period;
- Assist the NET teacher with the development of their Individual Professional Development Plan (IPDP);
- Complete an unofficial classroom observation for the NET teacher's personal use and discussion purposes during each semester

\_\_\_\_\_  
Signature of Peer Coach

\_\_\_\_\_  
Signature of NET Teacher

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

**Peer Coach Agreement**  
**Professional Development Academy**