

NEW SCHOOL PSYCHOLOGIST MENTORING PROGRAM

NAME: _____ MENTOR: _____

School: _____ Date: _____

Directions: It is important to know the people and resources provided by your school and district. With your mentor and others identify the following information. Highlight relevant names and indicate their contact information. Please complete one form for each assigned building.

SCHOOL RESOURCES

RESOURCE PERSONNEL

_____	Administrator
_____	Administrator in charge of Special Education
_____	Secretary

_____	Case Manager
_____	Team Leaders (At-Risk/CST,IST, RTI,PBS, Crisis Response)

_____	Special Education Teacher(s)

_____	School Counselor/s and Social Workers

_____	School Nurse

_____ Speech/Language Pathologist

_____ Bilingual Resource Teacher

_____ Lead Teacher Mentor

_____ Reading Specialist

_____ Librarian

_____ Paraprofessionals

_____ Custodian

_____ Cafeteria Manager

_____ Education Association Representative

_____ Other (District record manager, school resource officer, etc)

PROGRAMS

List any before, during, or after school support for students and staff at your school.

_____ Conflict Resolution _____ Home Help

_____ Health Services _____ Tutoring

_____ After School Programs

_____ RTI, PBS, IST, Social Thinking Skills

_____ Other

FACILITIES/RESOURCES

_____ Computer Lab _____ Title I Resources

_____ Library Resources _____ Instruments/Protocols

_____ Student Standards _____ Curricula

_____ Supplies/materials _____ Internet Resources

_____ Procedural Manuals _____ RTI/ Other