

**Attachment B: TEACHER SUPPORT UNIT MENTOR TEACHER**

**APPLICATION DEADLINE:** 2<sup>nd</sup> Friday each month (all applications processed on a monthly basis)

**Directions:**

Applicant, please complete **Section 1** of this form and email the form to your current, supervising principal so that he/she can complete **Section 2** and **Section 3**. Your principal must submit this completed form via email. All submitted forms will be verified to ensure that they were completed by the principal.

<b>Section 1:</b> This portion is to be completed by applicant (teacher)			
<b>Teacher Name:</b>			
<b>School Name:</b>			
<b>Section 2:</b> This portion is to be completed by applicant's supervising principal			
I (Choose an item) the teacher listed above for the position that he/she is applying for.			
<b>Strongly Recommend</b>			
<b>Recommend</b>			
<b>Recommend with Reservations</b>			
<b>Do not Recommend</b>			
<b>Section 3:</b> This portion is to be completed by applicant's supervising principal			
Please provide comments or concerns regarding your response to the statement above:			
<b>Principal Name:</b>			
<b>Principal's LAUSD Email:</b>		<b>Date:</b>	
<b>Thank you for helping to support our selection process. Please email the completed form to:</b> Esmerelda Khoury, Specialist Teacher Support Unit <a href="mailto:epk9958@lausd.net">epk9958@lausd.net</a> <b>Please note-</b> recommendation will be shared with the teacher upon their request.			