

MENTOR TEACHER AGREEMENT FOR ONE-SEMESTER INTERNS

The following teacher has served as the mentor teacher for: (PLEASE PRINT CLEARLY)

Student Intern: _____

Mentor Teacher : _____

School District: _____

School: _____

Address (**School**): _____

City, State, Zip: _____

School Email Address: _____

School Phone: _____

Grade or subject level currently teaching: _____

Total yrs. teaching experience:_____ Years in current position:_____

The honorarium should be mailed to this **home address:**

Address (**Home**): _____

City, State, Zip Code: _____

Telephone Number: _____

University of Idaho V Number (if known):_____

PLEASE INDICATE YOUR RATE OF COMPENSATION

Full-Semester Student Intern (has a student intern full-time for entire semester)**

_____ \$250.00 Honorarium Fee

Half-Semester Student Intern (has a student intern half-time or half of the semester)**

_____ \$125.00 Honorarium Fee

How many University of Idaho student teachers have you worked with total, including this semester _____

Please indicate below if you have already received a plaque from the College of Education, Health and Human Sciences for a previous student intern.

_____Yes, I have a plaque. _____ No, I do not have a plaque.

Please complete this Agreement and return it to Ed-Interns via email at edinterns@uidaho.edu.

W9s are now being processed electronically and you will receive an email invitation from PaymentWorks on behalf of the University of Idaho to electronically enter your W9 information.

**Mid-term and end-of-semester evaluations on program standards and dispositions are an essential element of our college assessment system. We will process stipends upon receipt of both the mid-term and end of semester completed evaluations. We appreciate your timely submission of the forms.