

## Texas School for the Blind and Visually Impaired Outreach Programs

www.tsbvi.edu | 512-454-8631 | 1100 W. 45th St. | Austin, TX 78756

## Recommendation for O&M or VI Mentor

Applicant Name:	
Applicant Name.	
To:	Address:
system. I hereby request and authorize you to the duties of a mentor. In consideration of yo	or for a new VI teacher or O&M specialist in the Texas education of complete the following checklist concerning my ability to perform our providing such information, I release you from any claim or roviding this information, and I waive my right of access to the
Signature:	Date:
Please indicate your relationship with a ESC-VI consultant Co-worker: regular education statement of the consultant co-worker: special education statement of the co-worker: special education statement of th	COMS  TVI

The above named person has applied to become a mentor for a new VI teacher or O&M specialist in the Texas education system. Because the mentor role requires a high level of proficiency and experience, the selection process is designed to identify outstanding individuals. This recommendation form is part of that selection process. Your help is very much appreciated.

Please rate this applicant on the following characteristics.

CHARACTERISTICS	Exceptional	Above Average	Average	Below Average	No Information
A good listener					
A good student advocate					
Confident with professional skills					
Empathetic; sensitive to the needs of others					
Friendly; people oriented					
Good communication skills					
Interested in learning new skills					
Non-judgmental					
Dedicated to building a united educational team					
Keeps appointments on time					

CHARACTERISTICS	Exceptional	Above Average	Average	Below Average	No Information
Dedicated to the profession					
Reliable and dependable					
Resourceful					
Manages time efficiently					
Tolerant of others' opinions when different from his/hers					
Completes required paperwork in a timely manner					
Willing to share expertise					
Willing to work hard to achieve a worthwhile goal					
High level of professional proficiency					
Strong content knowledge					
Regular attendance of conferences and workshops					
Able to model best practice					
Gets along well with colleagues; good collaborator					

Thank you for your time. Your opinion is very important to the Mentor Selection Committee, and will be kept confidential. Please contact me with any questions.

Signature		Date		
School District	ESC Region	Phone number		

## PLEASE RETURN THIS FORM TO BEFORE DECEMBER:

Chrissy Cowan, Mentor Coordinator Texas School for the Blind and Visually Impaired 1100 W. 45<sup>th</sup> Street, Austin, Texas 78756 Phone: (512) 206-9367 Fax: (512) 206-9320

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http://www.tsbvi.edu/mentor-program