

Applicant's Name: _____



Texas School for Blind and Visually Impaired Outreach Programs

www.tsbvi.edu | 1100 West 45th Street, Austin, TX 78756

Mentor Application

Name _____ Current position/title _____

Social Security Number: _____

(needed in order to pay you a stipend once you are assigned as a mentor)

Information Needed	Work Address (in ESC # _____)	Home Address
Agency/ISD		
St. Address		
City		
State/Zip		
Phone		
Cell		
Fax		
Email		

PROFESSIONAL INFORMATION:

1. Indicate years of experience as a TVI:
2. Indicate years of experience as a COMS:
3. If you are an O&M specialist, do you hold current ACVREP certification (Yes or No)?
4. If you are dually certified, are you functioning as such (Yes or No)?

For EACH category of students listed below, rate the amount of experience you have had, using scale of 0-5, with **0 indicating no experience, 1 indicating the least**



Applicant's Name: _____

experience and 5 indicating the most experience. Circle the correct indicator for each category.

Amount of Experience						Type of Experience
0	1	2	3	4	5	Birth - 3 yrs.
0	1	2	3	4	5	3 - 5 yrs.
0	1	2	3	4	5	Elementary school students
0	1	2	3	4	5	Middle school students
0	1	2	3	4	5	High school students
0	1	2	3	4	5	Adults
0	1	2	3	4	5	Academic students with low vision
0	1	2	3	4	5	Students who read braille
0	1	2	3	4	5	Students with multiple disabilities
0	1	2	3	4	5	Students who are deaf-blind
0	1	2	3	4	5	Students who are gifted and visually impaired

5. In what capacities have you worked? (check all those that apply)

<input type="checkbox"/>	TVI
<input type="checkbox"/>	O&M Specialist
<input type="checkbox"/>	ESC-VI Specialist
<input type="checkbox"/>	Case manager (as with ECI)
<input type="checkbox"/>	College/University teacher trainer
<input type="checkbox"/>	University-level supervisor
<input type="checkbox"/>	O&M supervisor for preservice O&M
<input type="checkbox"/>	VI teacher supervisor for preservice VI teacher
<input type="checkbox"/>	Private contractor: ___ O&M or ___ VI
<input type="checkbox"/>	Other (Please describe):

6. What aspects of your job do you do best (are best prepared to do or feel most competent in doing)?



Applicant's Name: _____

7. Do you need our assistance in ensuring/obtaining release time (yes or no)?
(If yes, please explain and give information regarding the people we need to contact.)

8. How do you remain current in the field of visual impairments?

9. Please list professional conferences you have attended within the last 3 years:



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10. Rate yourself on the following characteristics by checking the most appropriate response.

CHARACTERISTIC	Exceptional	Above Average	Average	Below Average
Good listener				
Good student advocate				
Maintains confidentiality				
Remains current in the field				
Good collaborator				
Empathetic; sensitive to the needs of others				
Friendly; people oriented				
Good communication skills				
Interested in learning new skills				
Organizes materials				
Completes required paperwork in a timely manner				
Patient				
Professionally dedicated				
Reliable and dependable				
Resourceful				
Time managed efficiently				
Tolerant of others' opinions when different from own				
Willing to share expertise				
Dedicated to building a united educational team				
Attends conferences and/or workshops annually				



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11. Please describe and/or outline why you want to be a mentor. Include what you think you can contribute to the mentoring experience and what you think you will get out of it. Do not exceed this page, but be thorough in your response.



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Important

The following forms are required prior to Mentor Training:

1. Completed Supervisor's Recommendation form
2. Completed recommendation form from the ESC-VI consultant in your region
3. Completed recommendation form from a co-worker (not necessarily another VI professional)
4. This Mentor Application form

Return all forms to:

Chrissy Cowan, Mentor Coordinator
TSBVI Outreach Program
1100 W. 45th Street
Austin, TX 78756
Email: chrissycowan@tsbvi.edu
FAX: 512-206-9320

