



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

TO BE COMPLETED BY APPLICANT:

Applicant Name: _____

To: _____ Address: _____

I have submitted an application to be a mentor for a new VI teacher or O&M specialist in the Texas education system. I hereby request and authorize you to complete the following checklist concerning my ability to perform the duties of a mentor. In consideration of your providing such information, I release you from any claim or damages that I may have as a result of you providing this information, and I waive my right of access to the material recorded below.

Signature: _____ Date: _____

Please indicate your relationship with the applicant:

ESC-VI consultant COMS
 Co-worker: regular education staff TVI
 Co-Worker: special education staff
 Other (please specify) _____

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					

Please write, in your own words, why you think this individual would make a good mentor.

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 BY 11/20/24 TO:

Chrissy Cowan, Mentor Coordinator
Texas School for the Blind and Visually Impaired
1100 W. 45th Street, Austin, Texas 78756
Phone: (512) 206-9367 Fax: (512) 206-9320
Email: cowanc@tsbvi.edu
<http://www.tsbvi.edu/mentor-program>