

Applicant's Name: \_\_\_\_\_



# Texas School for Blind and Visually Impaired Outreach Programs

[www.tsbvi.edu](http://www.tsbvi.edu) | 1100 West 45<sup>th</sup> Street, Austin, TX 78756

## Mentor Application

**THIS FORM IS DUE BY NOVEMBER 20, 2024**

Name \_\_\_\_\_

Current position/title \_\_\_\_\_

Information Needed	Work Address (in ESC # <span style="background-color: yellow;">      </span> )	Home Address
Agency/ISD		
St. Address		
City		
State/Zip		
Phone		
Cell		
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 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



Applicant's Name: \_\_\_\_\_

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"/>	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: ___ COMS and/or ___ TVI
<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)?**

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

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



Applicant's Name: \_\_\_\_\_

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

<b>CHARACTERISTIC</b>	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
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				



Applicant's Name: \_\_\_\_\_

- 9. 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.**



Applicant's Name: \_\_\_\_\_

## **Important**

### **The following forms are required no later than November 20, 2024:**

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. Mentor Application form

### **Return all forms to:**

Chrissy Cowan, Mentor Coordinator  
TSBVI Outreach Program  
1100 W. 45<sup>th</sup> Street  
Austin, TX 78756  
Email: [cowanc@tsbvi.edu](mailto:cowanc@tsbvi.edu)  
FAX: 512-206-9320

