



# Texas School for the Blind and Visually Impaired Outreach Programs

[www.tsbvi.edu](http://www.tsbvi.edu) | 512-454-8631 | 1100 W. 45<sup>th</sup> St. | Austin, TX 78756

## Supervisor's Recommendation for O&M or VI Mentor

### TO BE COMPLETED BY APPLICANT:

Applicant Name: \_\_\_\_\_

To: \_\_\_\_\_ Email 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: \_\_\_\_\_

The above named person has applied to become a mentor for a new teacher of students with visual impairments (TVI) or Certified O&M Specialist (COMS) 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 the 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					
Dedicated to building a united educational team					
Organized (keeps appointments on time and manages materials)					
Patient					
Dedicated to the profession					

CHARACTERISTICS	Exceptional	Above Average	Average	Below Average	No Information
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					
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					

**Why do you think this individual would make a good mentor?**

**Please select one of the following:**

\_\_\_\_\_ I feel this individual has reached a point in his/her career where (s)he can serve as a qualified mentor.

\_\_\_\_\_ At this time, I feel this individual could improve in some areas (see above) before (s)he is ready to mentor a novice teacher.

Thank you for your time. Your opinion is very important to the Mentor Selection Committee, and will be kept confidential.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District

\_\_\_\_\_  
ESC Region

\_\_\_\_\_  
Phone Number

**PLEASE RETURN THIS FORM BY 11/20/21 TO:**

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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