



Clovis Municipal Schools

COMPATIBILITY REPORT

To be completed by mentors and protégés individually and turned in to the Director of Personnel Services by September 30th.

NAME _____

My mentor/protégé is _____
(underline one) (name)

Please indicate with an **x** the statement that best describes your relationship with your mentor/protégé:

_____ Everything is going fine!

_____ I have some concerns that I would like to discuss

_____ This isn't working! Please help!

Date of Response _____ and Comments:

Thank you.

Please return to:

**Joe Strickland - Director of Personnel Services
Clovis Municipal Schools
PO Box 19000**

Clovis, NM 88101