



Clovis Municipal Schools

MENTOR AND PROTÉGÉ PARTNERSHIP INFORMATION SHEET

To be completed by Mentor and Protégé individually

PLEASE PRINT

Name _____

I am a (circle one) Mentor Protégé

School _____

Grade Levels taught or assignment _____

Site Phone _____ Other phone _____

Home Address* _____

City, State, Zip _____

Most frequently used email address* _____

*If this information changes, please contact your personnel department and the Mentor Facilitator

Date of employment with current assignment: _____

Partner _____

(If you have not been partnered with anyone yet, leave this blank)

Please return this form to:

Joe Strickland
Director of Personnel Services
Clovis Municipal Schools

PO Box 19000
Clovis, NM 88101