



Pre-Service Teacher: \_\_\_\_\_ Student ID: \_\_\_\_\_

Unit: \_\_\_\_\_ Study Period: \_\_\_\_\_

Course: \_\_\_\_\_

## **Mentor Teacher Details**

The Mentor Teacher is the classroom teacher. The Mentor Teacher is required to be with the Pre-service Teacher in the classroom to provide duty of care. The Mentor Teacher provides constructive feedback daily and works to facilitate the placement as per the guidelines for the relevant placement as detailed in the Curtin Professional Experience Handbook.

Mentor Name: \_\_\_\_\_

Staff Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Teaching Qualifications: \_\_\_\_\_

Do you have a minimum of 3 years Teaching Experience? Please check this box to confirm:

## **School Details**

School Name: \_\_\_\_\_

Year group/teaching area placement will be completed in: \_\_\_\_\_

Placement Coordinator Name: \_\_\_\_\_

School Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

## **Mentor Agreement**

By signing this agreement I agree to be the Mentor for: \_\_\_\_\_

I have read the guidelines for the Professional Experience Placement provided to me by the Pre-service teacher.

I understand that I am required to fill in a report/reports as per the Handbook and placement requirements.

**Mentor Name:**

**Signature:**

**Date:**

## **Pre-Service Teacher Agreement**

By signing this agreement I confirm that I have read the Handbook and understand the placement requirements.

**Pre-Service Teacher Name:**

**Signature:**

**Date:**



Pre-Service Teacher:

Student ID:

Unit:

Study Period:

Course:

## Supervisor Details

The Supervisor must be different from the Mentor. The Supervisor is required to formally visit the Pre-service Teacher and observe them teaching a lesson. The number of observational visits varies depending on the duration of the practicum. Please refer to the Handbook.

Supervisor Name: \_\_\_\_\_

Staff Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Teaching Qualifications: \_\_\_\_\_

Do you have a minimum of 3 years Teaching Experience? Please check this box to confirm:

## School Details

School Name: \_\_\_\_\_

Year group/teaching area placement will be completed in: \_\_\_\_\_

Placement Coordinator Name: \_\_\_\_\_

School Address: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

## Supervisor Agreement

By signing this agreement I agree to be the Supervisor for: \_\_\_\_\_

I understand that I am required to formally visit the pre-service teacher to observe them teaching a lesson.

I understand that the number of observational visits varies depending on the duration of the practicum.

I understand that I am also required to fill in a report/feedback form as per the Handbook and placement requirements.

**Supervisor Name:**

**Signature:**

**Date:**

## Pre-Service Teacher Agreement

By signing this agreement I confirm that I have read the Handbook and understand the placement requirements.

**Pre-Service Teacher Name:**

**Signature:**

**Date:**