INFORMATION FORM
TO SERVE AS a VOLUNTEER
SMI/CMST MENTOR TEACHER

First Name: __________________________ Last Name: __________________________

Mailing Address: (street number & name) __________________________ (city) __________
(constant) __________________________ (zip code) __________

E-mail Addresses: __________________________ [work] __________________________ [personal]

Phone Numbers: (__)____________________ [work] (__)____________________ [home or cell]

Due to budgetary constraints, SMI is unable to offer in 2009-10 stipends to mentor teachers for
their much valued service as SMI/CUSP mentor teachers. With this in mind, if you are still willing
to serve as an SMI or CMST Mentor Teacher, please fill out this Information Form.

All submitted information will remain confidential and for SMI/CMST use only.

1. Information about your current school experiences.
   a. School Name ______________________________________________________
   b. School District _____________________________________________________
   c. What grade level do you teach?
      □ Elementary: Specify______________________________________________
      □ Middle School: Specify____________________________________________
      □ High School: Specify______________________________________________
   d. What subject(s) do you teach? Check all that applies.
      □ Multiple Subjects
      □ Mathematics: Specify______________________________________________
      □ Science: Specify___________________________________________________
   e. Number of years you have taught at this school site.
      □ 0-5 Years
      □ 6-10 Years
      □ 11-20 Years
      □ 20+ Years
   f. What is your current teaching credential?
      □ Intern Teaching Credential
      □ Preliminary Teaching Credential
      □ Professional Clear Teaching Credential

2. Total number of years you have been teaching.
   □ 0-5 Years
   □ 6-10 Years
   □ 11-20 Years
   □ 20+ Years

3. In what area is your baccalaureate degree?
   □ Mathematics
   □ Science: Biology
   □ Science: Chemistry
   □ Science: Physics
   □ Science: Other
   □ Engineering
   □ Education
   □ Other
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4. Have you participated in professional development with California Science Project (CSP) or the California Mathematics Project (CMP)?
   ___Yes   ___No

5. What type of UC sponsored professional development or training programs have you participated? Check all that applies.
   - SMI Summer Institute, Scientific Teaching
   - MATE
   - Copernicus
   - Inland Area Science Project
   - Math ACTS
   - Other ____________________________________________

6. Please list any other professional development, in-service and/or training workshops/programs you have completed the last five years. Please also include specific training related to serving as a mentor teacher.__________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

7. Briefly describe reasons for your interest in becoming a mentor teacher for either SMI and/or CMST programs.

8. To help us with the pairing of mentor/mentee assignments, please indicate your preferences for the number of mentees (UCR students) you would like to receive per semester.
   - Only One (1)
   - Up to two (2)
   - Up to three (3)
   - No more than four (4)
   - No preference

9. How many hours/period per semester are you available to serve as a mentor?
   - One hour/class period
   - Two hours/class periods
   - Three hours/class periods
   - Four hours/class periods
   - Five hours/class periods
   - Six hours/class periods

Please submit completed form to SMI Resource Center via one of the following methods:

Email: smi@ucr.edu
Fax: (951) 827-4971

U.S. Mail: UC Riverside
           SMI Resource Center
           1104 Pierce Hall
           Riverside, CA 92521