INDUCTION and MENTORING PROGRAM



Washoe County School District *www.washoeschools.net/mentorteach* 

## **Request for Exemption**

## PLEASE NOTE THAT TEACHERS IN A WCSD ARL PROGRAM MAY NOT BE EXEMPTED FROM ANY PART OF THE NEW TEACHER ACADEMY PROGRAM

Please check ALL items for which you are requesting an exemption and include a rationale for each

| MENTORING PROGRAM  |    |  |                                       |  |
|--|----|--|---------------------------------------|--|
| Mentoring Program – A newly-hired full-time novice teacher is <b>REQUIRED</b> to have a Site Mentor  |    |  |                                       |  |
| Mentoring Program – It is <b>VOLUNTARY</b> for newly-hired part-time novice teachers, 2 <sup>nd</sup> year teachers, or veteran teachers new to the District to have a Site Mentor |    |  |                                       |  |
| Rationale for Exemption:   |    |  |                                       |  |
|  |    |  |                                       |  |
|  |    |  |                                       |  |
| NOVICE TEACHER SEMINAR   |    |  |                                       |  |
| Novice On-Site Seminar   | OR |  | Novice Regional Seminar K-12 (online) |  |
| Rationale for Exemption:   |    |  |                                       |  |
|  |    |  |                                       |  |
|  |    |  |                                       |  |
| NEW TEACHER ACADEMY - YEAR 1   |    |  |                                       |  |
| First-Year teachers must complete one required course  |    |  |                                       |  |
| One Class – Required for all newly hired novice teachers in Year 1   |    |  |                                       |  |
| Rationale for Exemption:   |    |  |                                       |  |

## **NEW TEACHER ACADEMY – YEAR 2**

## Second-Year teachers must complete two required courses.

Requesting an exemption from **ONE** of the 2<sup>nd</sup> Year required classes

Requesting an exemption from **BOTH** of the 2<sup>nd</sup> Year required classes

Rationale for Exemption:

| Teacher Name (please print)   | _ School: |  |  |  |
|---|-----------|--|--|--|
| Teacher Signature:  | Date:     |  |  |  |
| Principal Signature:  | Date:     |  |  |  |
| Mentor Teacher Program Administrator: Date:<br>Please return completed form to Department of Professional Learning at 1150 Matley Lane, Suite 201<br>For information, contact Carol Gebhardt at 789-3475 or e-mail cgebhardt@washoeschools.net.<br>For course information and enrollment, go to <u>www.washoe.truenorthlogic.com</u> .<br>Once approved, a signed copy will be returned to you. |           |  |  |  |