



REQUEST for MENTOR REASSIGNMENT

Policy:

If at any time the match between an Intern or Candidate and the Mentor is perceived as unsuccessful for any reason, this match may be revised/reassigned.

Procedures:

1. In general, it is the responsibility of the participants to inform the program (usually through their County Program Coordinator) of a mismatch. However, on rare occasions, Mentors who are not able to complete their duties may be asked to resign in order to allow a new Mentor to take over.
2. An Intern/Candidate or a Mentor may request a new match at any time to a District Coordinator, Program Coordinator or the Executive Director.
3. Upon receipt of a request for a new match, the program leader secures confidential information from both the Intern/Candidate and the Mentor. Efforts are made to maintain respect and dignity for all those involved and to collaboratively determine a solution to the presented issue(s).
4. The program leader implements the solution and monitors the new match, if this was determined to be the best solution. Appropriate information is shared as needed.

Note: There are times when the Mentor has provided partial services, attended meetings, and/or has a signed agreement for compensation with the district and/or the North Coast School of Education (NCSOE). The reassignment of Mentors will include consideration to prorate compensation. The newly-assigned Mentor's compensation will also be prorated depending on the time remaining in the school year and the duties to be completed.

The above policy and procedures were carefully considered and the following reassignment has been recommended and approved by the North Coast School of Education (NCSOE):

| | |
|--|------------------------|
| Intern/Candidate: _____ <i>Print Name</i> | _____ <i>Signature</i> |
| Current Mentor: _____ | New Mentor: _____ |
| Approval | |
| NCSOE Executive Director: _____ | _____ <i>Signature</i> |
| District Authorized Representative: _____ <i>Print Name</i> | _____ <i>Signature</i> |
| Effective Date of Reassignment: _____ | |
| Notes/Comments: | |

Note: You may distribute copies of this completed document to all parties involved.