

**BEVILL STATE COMMUNITY COLLEGE**  
**Mentoring Form**

Date: \_\_\_\_\_

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

Mentee: \_\_\_\_\_

**Mentoring Checklist:****Reviewed****Date Reviewed**

## 1. General Information

## A. College Publications Familiarization

- |  |       |  |
|--|-------|--|
| 1. Personnel Handbook                  | _____ |  |
| 2. Student Handbook                    | _____ |  |
| 3. College Catalog                     | _____ |  |
| 4. Distance Learning & Internet Policy | _____ |  |

## B. Procedures

## 1. Academic/Technical

- |                                   |       |  |
|-----------------------------------|-------|--|
| I. Purchase Orders                | _____ |  |
| II. Budget Requests or Changes    | _____ |  |
| III. Advising                     | _____ |  |
| IV. Leave Requests                | _____ |  |
| V. Textbook Adoptions             | _____ |  |
| VI. Curriculum Changes            | _____ |  |
| VII. Internet Course Development  | _____ |  |
| VIII. Independent Study           | _____ |  |
| IX. Testing Centers               | _____ |  |
| X. Institutional Effectiveness    | _____ |  |
| XI. Institutional Management Plan | _____ |  |
| XII. Grade Appeal                 | _____ |  |
| XIII. Articulation Agreements     | _____ |  |
| XIV. Safety Procedures            | _____ |  |

## 2. Technical

- |  |       |       |
|--|-------|-------|
| I. Career Technical Follow Up(Perkins) | _____ | _____ |
| I. Workforce Investment Act (WIA)      | _____ |       |
| II. WorkKeys                           | _____ |       |

## 2. Classroom Management/Presentation

## A. Daily Classroom Management

- |                    |       |  |
|--------------------|-------|--|
| 1. Time Management | _____ |  |
|--------------------|-------|--|

- 2. Personal Interaction with Class \_\_\_\_\_
- 3. Lab Set-up (DL, Science, Technical, etc.) \_\_\_\_\_
- B. Organization of Material/Presentation
  - 1. Syllabus Usage \_\_\_\_\_
  - 2. Daily Objectives Completion \_\_\_\_\_
  - 3. Multimedia \_\_\_\_\_
  - 4. Smart Classroom Usage \_\_\_\_\_
  - 5. Other \_\_\_\_\_
- C. Activities (If Applicable)
  - 1. Group Activities \_\_\_\_\_
  - 2. Lab Exercises \_\_\_\_\_
  - 3. Clinical \_\_\_\_\_
  - 4. Library Utilization \_\_\_\_\_
  - 5. Field Trips \_\_\_\_\_
- 3. Evaluation of Students by Instructor
  - A. Classroom \_\_\_\_\_
  - B. Lab \_\_\_\_\_
  - C. Clinical \_\_\_\_\_
- 4. Evaluation Process
  - A. Student Evaluation of Instructor \_\_\_\_\_
  - B. Professional Development Plan \_\_\_\_\_
  - C. Supervisor Evaluation of Instructor \_\_\_\_\_
  - D. Instructor Evaluation of Supervisors \_\_\_\_\_

\_\_\_\_\_  
Signature/Mentor

\_\_\_\_\_  
Signature/Mentee

\_\_\_\_\_  
Campus Associate Dean

\_\_\_\_\_  
Associate Dean of Instruction

Additional Comments:

cc: Personnel Office  
Campus Associate Dean  
Office of Instruction