GENESEE ISD SEAT TIME WAIVER
MENTOR INSTRUCTIONAL TIME FORM

ISD / District: _____ / _____ **School Year:** _____

Bldg/ Program: _____ **Count:** ☐ **Fall** ☐ **Spring** ☐ **Other**

INSTRUCTIONS: **Complete the report below for each pupil in grades 6-12 receiving a seat time waiver. There must be <u>two-way contact</u> between student and certified mentor at least once per week.**

Pupil's Name: _____ **Grade:** _____

Mentor: _____

_____

DATE	Contact Type (Check Box) E=e-mail (with reply)	P=phone conversation	F=face to face	O=other	Comments:

I certify that the teacher mentor is a certificated Michigan teacher employed by the district.

_____ _____

Signature of Mentor **Date**