

5-O-B: OFFLINE SEAT TIME WAIVER MENTOR INSTRUCTIONAL TIME FORM

District		School Year	
Building - Program		Count Day	October
			February

I certify that the teacher and/or mentor is employed by the district, and that the teacher is certified to teach in Michigan.

Student Name
Mentor Name

Authorized Representative Signature
Title
Date

INSTRUCTIONS: Complete the report below for each pupil in grades 6-12 in a project based program. **There must be two-way contact between student and certified mentor at least once per week for each of the four (4) week count periods. The interactions must be course content specific.** Documentation of this weekly contact must be available at the field audit.

DATE	Contact Type (Check Box)				Count Weeks for Certified Mentor Teacher Two-Way Interactions with Student Count Week = Wednesday through Tuesday	
	E=e-mail (with reply)	P=phone conversation	F=face to face	O=other	Week 1: Week 2:	Week 3: Week 4:
					Comments:	

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