



Early Education and Intervention Network of NH (eein) Mentorship Program

26 South Main Street

PMB #290

Concord, NH 03301

www.eeinnh.org / (603) 228-2040

Pam Miller Sallet, Program Coordinator

pms88@comcast.net / (603) 772-7848 (phone and fax)

Mentee Application Form

“Early Communication for Children with Multiple Disabilities including Deafblindness”

____ will attend all 3 sessions (3/26, 4/16, and 5/14) ____ have a child in mind with these issues

Name: _____ Date: _____

Employer: _____

Work Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Home Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Best location/time/method to follow-up to this application: _____

Professional Discipline/Title: _____

Years of Experience in: NH ESS? _____, NH Preschool Sp. Ed.? _____, Other? _____ Explain

“other” _____

Does your supervisor support your participation in mentorship and travel to the mentor? _____

What specific goals regarding this topic would you like to focus on during mentorship?

Suggestions for “giving back”/sharing information upon completion of the free mentorship experience:

___ write an article ___ provide inservice for colleagues ___ other (explain) _____

Questions for the program coordinator: _____

***Thank you for your application. The program coordinator will contact you soon.
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