*Mentor/Supervisor Resume Form*

Office of Strategic Partnerships & Clinical Placement

|  |  |
| --- | --- |
| L&C Candidate’s Name: |  |
| L&C Candidate’s Program: | |
| *Preservice Teacher Ed.* | *School Psychology* |
| *School Counseling* | *ESOL* |
| *Preliminary Administrator* | *Reading Specialist* |
| *Professional Administrator* | *Special Education* |

Graduate School of Education & Counseling

Lewis & Clark College

0615 SW Palatine Hill Road, MSC 14

Portland, Oregon 97219-7899

lcplacements@lclark.edu

**Personal Data**

Name:

Address:

Phone number: Email:

School name and phone number:

**Education** *(begin with most recent)*

*College/University Graduation Year Degree/License*

1.

2.

3.

**Licenses** *(begin with most recent)*

*License Issuing State Expiration Date License No.****\****

1.

2.

3.

***\*Find your Oregon license no. by selecting “Educator Lookup” at*** [***http://www.oregon.gov/tspc***](http://www.oregon.gov/tspc)***. Once you’ve found yourself, enter the exact name variant listed, birthdate, and last 4 digits of SSN to return your license number. For Washington licenses, please scan or photograph a copy of your license and email to*** [***lcplacements@lclark.edu***](mailto:lcplacements@lclark.edu)***.***

**Teaching, Counseling, and/or Administrative Experience** *(begin with most recent)*

*In the field you are mentoring:*

*Position School Year first employed | No. of years employed*

1.

2.

3.

4.