



LEWIS-CLARK STATE
 COLLEGE
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**Teacher Education Program
 On-Site Mentor (OSM)**

Professional Information Form

Semester: _____

Dear OSM: Please take some time to COMPLETE ALL of the information below and submit to our Teacher Education Program. Email to: education@lsc.edu or Fax to: (208) 792-2820.

Your Name: _____

School: _____

District: _____

School Phone Number: _____

School Email Address: _____

Grade level taught: _____

Subject Areas taught: _____

Elementary _____ Secondary _____

Current Certification/Endorsements: _____

Additional Subject Area Endorsements: _____

Number of years experience in the classroom: _____

Highest Degree Held: _____

Earned From: _____

Awards/Honors received and Professional Organizations memberships: _____

LCSC Student Intern Name: _____

LCSC Faculty Mentor: _____