SD148 Induction/Mentor Program Request for Release Time

To:		-			
From:		_			
Re: Release time for	Induction/Mentor pr	ogram			
Date:		_			
release time on	gé involved in the Independent plete the following ac	fromam/pm	_	_	
Pre-conference	Observation	Post-conference	Activity	Other	
Mentor signature: _					
Protégé signature: _					
(R	etain the upper portion w	ith the safety facilitator r	release log)		
		eacher requesting releas			
Release time granted	Yes	Reschedule			
(staff providing rele	will be ab	le to release you from	m class on		
	from	am/pm to	am/pm in ro	om	
in accordance with the	ne Induction/Mentor l	Program guidelines.			
Safety Facilitator/Sta	aff signature:		Date:		
Principal signature:			Date:		