

# Mentor/Protégé Visit Report

The person making the visit will complete and submit this form to the assigned Content Expert.

**PROGRAM AREA:**

**Mentor:**

**Protégé:**

**Date of Visit:**

**Location of Visit:**     Protégé's school                       Mentor's school

**Topics discussed during visit:**

**Suggested strategies discussed:**

**A FIRST SEMESTER VISIT IS HIGHLY RECOMMENDED.** If a second visit is desired, consider requesting district professional development funds to cover expenses.

Related expense reimbursement form must be completed, signed, and mailed to: **Mentoring Program, MCCE – CMSU, Warrensburg, MO 64093**

\_\_\_\_\_  
**Visiting Partner Signature**

\_\_\_\_\_  
**Administrator Signature**

Submit one copy to your assigned content expert  
Send one copy to the protégé  
Retain one copy for mentor files.