**COMPREHENSIVE INDUCTION PROGRAM**

**FOR SCHOOL NURSES**

 **Verification of Services Form**

 *Mentoring Experience Three (ME3)-New School Nurse*



The purpose of this document is to assure that you were provided with the services for all aspects of **Mentoring Experience Three**. Please be honest when **initialing** the areas indicated below. Please keep a copy of this document for your files and send or give the second copy to the Site Coordinator in your district/charter school.

New School Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Identified area(s) for further refinement and study from ME1 and ME2:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ 1. I completed the pre and post “Expectations for the School Nurse/Self-Assessment” and included copies of each in my portfolio. I included the evidence requested

\_\_\_\_ 2. The school nurse Lead Mentor met with me to develop a plan for study that will meet my self-assessed needs and will create a deliverable project.

\_\_\_\_ 3. We clearly established what was expected of me in this mentoring experience.

\_\_\_\_ 4. My Lead Mentor and I implemented the plan and completed a project.

\_\_\_\_ 5. I was given appointments for review, assistance and discussion in a timely manner.

\_\_\_\_ 6. I was available for discussion and participated in the ongoing practice/study.

\_\_\_\_ 7. We evaluated the plan and my improvement in the targeted area.

\_\_\_\_ 8. I submitted an abstract for the Summer Showcase.

\_\_\_\_ 9. I have reviewed my activities and documentation with the lead mentor who submitted copies **to** the Site Coordinator for recording successful completion of ME3 in DEEDs.

New School Nurse signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_