



Comprehensive Induction Program

Verification of Services Form

Mentor – Year 1 and Year 2

The purpose of this document is to ensure that you provided services to your mentee for all aspects of Year One or Year Two. Please be honest when **initialing** the areas below. Please keep a copy of this document for your files and send or give the second copy to the designated Lead Mentor in your district/charter school. After reviewing the form, the Lead Mentor will provide you with further directions.

New Teacher: _____ School/District _____

Mentor: _____ School/District: _____

1. _____ I was trained by the Lead Mentor in the requirements of the Comprehensive Induction Program.
2. _____ I met a minimum of one time per week with my mentee, providing real-time and/or near real-time support.
3. _____ I conducted four observation/feedback cycles with my mentee during this year.
4. _____ I attended orientation and/or any other designated meetings with my mentee.
5. _____ I kept an accurate log of my time spent support my mentee.
6. _____ I completed all other Mentor requirements, as identified by my district/school.

IMPORTANT: If you feel that the new teacher is not ready to move forward, but he/she is insisting on doing so, you should indicate your concerns in writing on this form in the space provided below:

Mentor signature: _____ **Date:** _____