



Comprehensive Induction Program

Verification of Services Form

New Teacher –Year 4

The purpose of this document is to assure that you completed all requirements of Year Four. 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 designated Lead Mentor in your district/charter school.

New Teacher: _____ School/District: _____

Mentor: _____ School/District: _____

1. _____ I reviewed the *Cycle of Growth* and *Words of Wisdom* documents.
2. _____ I followed the instructions on the *Analysis of Content Knowledge* form and completed the *Content Expertise Inventory Chart* for Content Knowledge.
3. _____ I followed the instructions on the *Analysis of Pedagogy Development* form and completed the *Content Expertise Inventory Chart* for Pedagogy Development.
4. _____ I formulated my required Professional Learning Plan and completed the *Checklist for My Plan*.
5. _____ I successfully implemented my Professional Learning Plan for this year.
6. _____ I completed a tentative plan for professional development for the next five years on the *Professional Development for 90 Clock Hours* form.
7. _____ I understand that the completion of the State of Delaware Comprehensive Induction Program is a legal requirement for the new teacher and that I must complete all four (4) years of the Comprehensive Induction Program and receive two (2) satisfactory DPAS II summative evaluations during the Initial License period in order to be eligible for a Continuing License.
8. _____ I understand that I must keep all completed documents required by the program for two (2) years after I have received my Continuing License.

New Teacher signature: _____ Date: _____