



Comprehensive Induction Program

Verification of Services Form

New Teacher – Year 1

The purpose of this document is to ensure that you were provided with the services for all aspects of your Year 1. 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. After reviewing the form, the Lead Mentor will provide you with further directions.

New Teacher: _____ School/District: _____

Mentor: _____ School/District: _____

1. _____ My Mentor and I met and discussed expectations for this year.
2. _____ My Mentor and I shared and discussed the Guiding Questions for Classroom Environment, Preparation & Planning and for Instruction.
3. _____ I was observed four times in the classroom by my Mentor during this year.
4. _____ My Mentor and I met weekly to discuss progress.
5. _____ I attended the required professional learning workshops.
6. _____ I observed veteran teachers in practice at least four times.
7. _____ I completed the required ethics course and have retained a copy of my certificate of completion.

New Teacher signature: _____ Date: _____