New School Psychologist Verification of Services Form

New School Psychologist - Cycle One

The purpose of this document is to assure that you were provided with the services for all aspects of Cycle One. Please be honest when initializing the areas indicated below. Please keep a copy of this document for your files and send a copy to the designated mentoring site coordinator in your district/charter school.

New School Psychologist: ___________________________ School/District: ________________________

Mentor: _________________________________ School/District: ____________________________

____ 1. My mentor helped me to become familiar with the school and other school psychologists and to complete the initial phase paperwork. The documents are in my portfolio.

____ 2. We met and we established what will be expected of me during this cycle.

____ 3. We shared and discussed the Guiding Questions for Professional Practice and Delivery of Service.

____ 4. My mentor set up a time to come and observe my practice. (Observation One)

____ 5. We met after the observation and completed the discussion log and identified my area of focus. The Observation and Discussion documents are in my portfolio. (Discussion Log One)

____ 6. My mentor helped me to identify school, district, and state resources and complete the documentation of resources form.

____ 7. We conducted the second observation. (Observation Two)

____ 8. We met to review the evidence of practice. The Observation and Discussion documents are in my portfolio. (Discussion Log Two)

____ 9. We worked on communication and maintaining records of those communications with students and families.

IMPORTANT: If you feel that you did not receive all of these services from your mentor or that the match is not working, please indicate on this form.

Comments: (optional) ____________________________________________________________________

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_____________________________________________________________________________________

New School Psychologist signature: ___________________________ Date: ________________

Revised 11/16/11