



NEW SCHOOL PSYCHOLOGIST MENTORING PROGRAM

Verification of Services Form

Mentor - Cycle One

The purpose of this document is to assure that you provided the new school psychologist with the services for all aspects of the Cycle One. Please be honest when **initialing** 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 when requesting your stipend.

Mentor: _____ School/District: _____

New School Psychologist: _____ School/District: _____

- ___ 1. I helped the new school psychologist to become acquainted with the school and the other school psychologists and to complete the initial phase paperwork.
- ___ 2. I met with the new school psychologist and we established what will be expected of him/her in this cycle. I shared the forms and documents necessary for this cycle.
- ___ 3. We shared and discussed the Guiding Questions for Professional Practice and Delivery of Service.
- ___ 4. I set up a time to observe the new school psychologist.
- ___ 5. I met with the new school psychologist after the observation was completed. We completed the discussion log.
- ___ 6. I assisted the new school psychologist in considering what school and district resources are available and assisted with completion of the "Documentation of Resources."
- ___ 7. I conducted my second observation of the new school psychologist.
- ___ 8. We met to complete the discussion log and review the evidence of practice.
- ___ 9. We discussed the Guiding Questions about communicating with students and families. If needed, I participated in a student or family conference with the new school psychologist.
- ___ 10. I gave copies of the completed forms to the new school psychologist for his/her portfolio.

IMPORTANT: If you feel that the new school psychologist is not ready to move forward, but is insisting on doing so, you should indicate your concerns in writing on this form. If you feel that the match is not working well, please indicate that on this form. Now is the time to express any concerns.

Comments: *(optional)* _____

Mentor signature: _____ Date: _____