



NEW SCHOOL PSYCHOLOGIST MENTORING PROGRAM

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 **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.

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)* _____

New School Psychologist signature: _____ Date: _____