



# Comprehensive Induction Program

## Verification of Services Form

### *New Teacher – Year Three*

The purpose of this document is to ensure that you completed all requirements of Year Three. 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: \_\_\_\_\_

Lead Mentor: \_\_\_\_\_ School/District: \_\_\_\_\_

1. \_\_\_\_\_ I attended all required sessions of *Classroom Assessment for Student Learning* meetings with a learning team of colleagues.
2. \_\_\_\_\_ I completed a *Chapter Response* form for each of the required chapters of *Classroom Assessment for Student Learning*.
3. \_\_\_\_\_ I completed all required assignments for each of the chapters.
4. \_\_\_\_\_ I facilitated at least one of the meetings and completed the *Facilitating a Learning Team Meeting* form.
5. \_\_\_\_\_ I actively participated in group discussions during the learning team meetings.
6. \_\_\_\_\_ I completed the *Reflection on Learning* form.
7. \_\_\_\_\_ I understand that I must keep copies of all required documents for two (2) years after I have received my continuing license.

New Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_