## RENEWAL CREDIT VERIFICATION FORM

## OPTION 8: MENTORSHIP, SUPERVISION OR INSTRUCTIONAL COACHING (e.g. Mentor Teacher, Student Teacher Supervisor, Practicum Student Supervisor, Principal Practicum Supervisor,

Dept. /Grade Level Chair)

Last Name	First Name	Middle/Maiden
Social Security Number	SC Certificate Number	Certificate Expiration Date
Area(s) of Certification	School	Position
Highest Degree Status	Employer	Date
	Marion School District One	<u> </u>
Section I: Descriptive Information (To be completed by the educator)		
Type of Mentoring, Supervision or Coaching Activity:		
Site:		
Dates of Participation:		
Number of Renewal Credits Sought:		
Maximum: Up to 60 renewal credits during the 5-year validity period of the certificate		
Accrual Rate: Supervision of student teacher = 20 credits, Mentoring for a year = 30 renewal credits, Coaching for a full		
year = 20 credits, internships = 20 rei	newal credits.	
Did you complete an approved training program in this area?  YES  YES		
Does the mentorship, supervision	or coaching activity in this area e	exceed typid <del>ar jo</del> b
requirements for your position?		
	Y NO	
How does this activity relate to your professional growth and development plan or support the goals of the		
school/district?		
Signature of Educator: Date:		
Signature of Educator: Date:		
Section II: Verification and Approval (Must be completed by the District CRP Coordinator		
prior to certificate renewal)		
Verification (Required)	•	
Dfficial documentation fro	om the sponsoring agency verifying	the educator's successful
completion of all responsibilities and requirements of service and indicating the date(s) and		
the number of hours of direct participation.		
Approved (Required) Have all of the eligibility and verification requirements been satisfied?		
Yes. The educator is eligible to receive renewal credits.		
Signature District Certificate Renev	Date	

\*\*\*PLEASE NOTE: All activities will be reviewed by the CRP Coordinator for final approval and credit. Submission of points does NOT guarantee approval for any activity. Activities participated in are "at your own risk". Pre-approval is NOT required. Please carefully review guidelines, as provided in the matrix, when considering activity participation for points. Please contact the CRP Coordinator if you have questions regarding renewal activities.