

New Teacher Induction Program Affidavit



Teacher Name: _____

Employee ID# _____

Mentor Name: _____

Administrator Name: _____

School: _____

Certification Type PROFESSIONAL TEMPORARY

Year in Program YEAR 1 YEAR 2

By signing this affidavit, you are confirming, to the best of your knowledge, the following:

- The mentor has observed the mentee (Yr. 1 - twice, Yr. 2- once)
- The mentee has visited the classroom of a highly effective teacher, (Yr. 1 twice, Yr. 2- once)
- The mentor and mentee have met weekly/bi-monthly (TEMP CERT teachers are mentored Yr. 1-weekly, Yr. 2 twice a month), all others are twice a month both years. ***The mentoring log is found on Frontline.***
- The mentee has attended New Teacher Academy or job specific PD totaling a minimum of 6 hours
- The teacher has been formally evaluated by administration

Signature of Induction Teacher: _____

Signature of Mentor: _____

Signature of Administrator: _____

Date: _____

Please make a copy for the teacher to keep. KEEP A COPY OF THIS DOCUMENT AT THE SCHOOL LEVEL FOR 5 YEARS IN YOUR SCHOOL FILES.