

Social Worker/School Counselor Program Affidavit



Mentee Name: _____

Mentor Name: _____

Administrator Name: _____

School: _____

Year in Program: 1 2

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

- The mentor has observed the mentee, in their work environment a minimum of **one time this year**.
- The mentee has visited the classroom of a highly effective teacher, a minimum of **one time this year**.
- The mentor/district mentor and mentee have met, for an amount of time decided on by the mentee and mentor/district mentor. (15 minute minimum for a single meeting) ***The mentoring log is found on Frontline.***
- The mentee has completed 6 hours of New Teacher Academy or job specific PD
- The social worker/counselor has been formally evaluated by administration

Signature of Mentee: _____

Signature of Mentor: _____

Signature of Administrator: _____

Completed Date: _____

KEEP A COPY OF THIS DOCUMENT FOR 5 YEARS IN YOUR SCHOOL FILES.