

Putnam Valley Central School District
VERIFICATION of MENTORING FORM
Superintendent's Statement

Name: _____ Last 4 digits of SS#: _____

Certificate Information

Area of Interest: *(Check one)*

Administration & Pupil Personnel Services

Career & Technical Teacher

Classroom Teacher

Classroom Teacher – Foreign Language

Other Extensions

Subject Area: _____

Grade Level: _____

Title: _____

Certificate Type: _____

List Each Year you were mentored: _____

List name of mentor(s): _____

Employee Signature

Date

Superintendent's Signature

Date



I attest that the candidate named above received mentoring in fulfillment of certification requirements (CR Part 80-3.4 or 80-3.10) for the Professional certificate during the above noted school year. Such mentoring was in accordance with the district's described mentoring plan as defined in Part 100.2 (dd) (iv) of Commissioner's Regulations, if the candidate was employed in a Public School District.



I attest that the candidate named above was determined to have met conditions for a waiver to the requirement for completion of the mentored experience in accordance with CR Parts 80-3.4 or 80-3.10. The candidate had at least two years of Teaching experience for a Teaching certificate or two years of Educational Leadership experience for the School Building Leader certificate prior to being employed in this school district or non-public school under an Initial certificate.

cc: *Personnel File*