Superintendent Verification of Mentored Experience

Instructions

This form is only to be used for candidates who are submitting an application for a PROFESSIONAL teaching certificate. It is to be completed by the superintendent of schools or, if the mentored experience was completed while the candidate was employed by a non-public school, the principal or person in equivalent position with the school.

The candidate named below is seeking Professional certification. Candidates for Professional certification are required, in accordance with Part 80-3.4 of Commissioner's Regulations, to complete a **mentored teaching experience** in their first year of teaching with a New York State **Initial** classroom teaching certificate. Please complete the shaded areas verifying that the candidate received a mentored experience in his/her first year teaching while employed by the district/BOCES/nonpublic school or was exempted from this requirement.

_____   _____   _____

First Name   Last Name   Middle Initial

_____   _____   _____   _____

Street Address   City   State   Zip Code

_____   _____   _____

Maiden Name (if applicable)   Date of Birth   Social Security Number

_____

Certificate Title Employed Under

Mentored Teaching Experience
(Check and Complete *one* of the shaded boxes *only* **and** the Attestation)

☐   The candidate named above served as a classroom teacher and received mentoring in fulfillment of teacher certification requirements (CR Part 80-3.4) for the Professional teaching certificate during the _____ school year. Such mentoring was in accordance with CR Part 100.2 (dd) (iv).

☐   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 Part 80-3.4. The candidate had at least 2 years of teaching experience at _____ _____ school/school district prior to being employed in this school district under an Initial certificate.

Attestation of Chief School Officer

I confirm that the above information is correct and documentation to support this information is retained at the district for examination by the Commissioner of Education or his/her representative.

_____   _____

Signature of Superintendent/Nonpublic Chief School Officer   Date

Print Name _____

Superintendent's/Nonpublic Chief School Officer's Phone # _____

Superintendent's/Nonpublic Chief School Officer's E-mail _____

District/Nonpublic School Name _____

District/Nonpublic School Address _____

_____

Agency/Nonpublic School Code (if applicable) _____

Superintendent Verification of Mentored Experience, January 2007