

**Verification of Hours  
BTSA Induction Participating Teacher Year 2  
2015-2016**

Participant's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Maiden Name \_\_\_\_\_ District: \_\_\_\_\_

Total Number Contact Hours \_\_\_\_\_ (Need a minimum of 45 hours)

Please list specific topics, dates and hours of professional development sessions attended related to the BTSA/Induction Program. This should be an individual list, printed with all signatures, and brought to the seminar.

Topic	Date	Hours

Please list topics, dates, and number of hours spent in meetings with Support Provider. *This should be an individual list.*

Topic	Date	Hours

\_\_\_\_\_  
Signature (Participating Teacher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Support Provider)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (BTSA District/Consortium Director)

\_\_\_\_\_  
Date