

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

| Topic | Date | Hours |
|-------|------|-------|
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Signature (Participating Teacher)

Date

Signature (Support Provider)

Date

Signature (BTSA District/Consortium Director)

Date