

**Verification of Hours  
BTSA Induction Support Provider Year 1  
2013-2014**

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 Participating Teacher. *This should be an individual list.*

| Topic | Date | Hours |
|-------|------|-------|
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |
|       |      |       |

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date