

**Verification of Hours
BTSA Induction Support Provider Year
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 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