

**Verification of Hours
Induction Support Provider/Mentor
Year 1**

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 Induction Program. This should be an individual list, printed with all signatures, and brought to the seminar. See the example on the website, or call 559.278.0315 with questions.

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/Mentor)

Date

Signature (Induction District/Consortium
Director)

Date