



Massachusetts Department of Elementary and Secondary Education

350 Main Street, Malden, Massachusetts 02148-5023

Telephone: (781) 338-3000
TTY: N.E.T. Relay 1-800-439-2370

Verification of School Based Employment / Induction and Mentoring

Employee's legal name (print) _____

_____ Last _____ First _____ MI _____

Social Security Number _____ Or Educator License Number _____

Employer _____

Employed as follows:

<u>Assignment</u>	<u>Grade Level</u>	<u>From</u>	<u>To</u>

If employment was other than full time please state the Full Time Equivalency. (Ex: Music .5)

In accordance with 603 CMR 7.02, 7.04, 7.09, 7.12, and 7.14 the employee has completed:

Please check

- A one-year induction program with a mentor.
- At least 50 hours of mentored experience beyond the induction year

The employment, induction program, and mentoring experience verified above has been successfully completed as attested by my signature in the role of a:

Please check one

- Superintendent
- Principal
- Head Administrator

Signature _____

Date _____

Telephone number (____) _____ - _____

Note: The Department may contact you if any clarification is needed.