



Massachusetts Department of Elementary and Secondary Education

75 Pleasant 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 Middle

Social Security Number: _____ Or MA Educator License Number: _____

Or MEPID: _____

Name of School	School District (City/town if not a district)	State	Employed as follows: License Field and Grade Level (e.g. Elementary, 1-6)	Employment		F.T.E. (If <1.0)
				Start Date (M/ D/ Y)	End Date (M/ D/ Y)	

In accordance with Massachusetts Regulations for Educator Licensure And Preparation Program Approval 603 CMR 7.00, 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 mentored experience verified above were successfully completed as attested by my signature in the role of:

Please check one: Superintendent Principal Head Administrator*

Name (print): _____

Signature: _____ Date: _____

Telephone number: _____ Email: _____

*Note: This form is to be completed by the provider of the employment, induction program, and mentored experience. *Head Administrator could be an Assistant Superintendent, HR Director, or a similar position in a non-public educational setting. The Department may contact you if any clarification is needed.*