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| MA State Seal | Massachusetts Department of Elementary and Secondary Education | |
| Office of Educator Licensure | Telephone: (781) 338-6600 |
| 135 Santilli Highway, Everett, Massachusetts 02149-1962 | TTY: N.E.T. Relay (800) 439-2370 |

**Verification of School Based Employment / Induction and Mentoring**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Employee Information (Print):** | | | | | | | | | | | | | | | | | | | | |
| Legal Name: | | | | | | | | | | | | | | | | | | | | |
|  | | (Last) | | | (First) | | | | | | | | | | | (MI) | | | | |
| Social Security Number, MA Educator License Number, or MEPID#: | | | | | | | | | | |  | | | | | | | | | |
| **Directions for completion:**   * Verification of employment must come directly from the school or the school district in which the employment occurred. * A principal may only verify employment which occurred in a school in which they serve as principal. * A Head Administrator\* (or equivalent position in a non-public school) may verify employment which occurred in a school or schools within the district/school in which they serve. * Employment occurring in the role of more than one license during the same period should be documented in separate rows and the full-time equivalency under each license should be noted. | | | | | | | | | | | | | | | | | | | | |
| **Name of School** | | | | **School District**  **(City/town if not a district)** | | | | | **State** | **Employed as Follows:**  **License Field, Grade Level** | | | | | **Employment** | | | | | **Full-time equivalency**  **(if<1.0)** |
| **Start Date**  **(M/D/Y)** | | | | **End Date**  **(M/D/Y)**  **or Present** |
|  | | | |  | | | | |  |  | | | | |  | | | |  |  |
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|  | | | | | | | | | | | | | | | | | | | | |
| In accordance with MA Regulations for Educator Licensure & Preparation Program Approval 603 CMR 7.00, employee has completed: (Check each applicable item.) | | | | | | | | | | | | | | | | | | | | |
| ( ) | 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 (Check one): | | | | | | ( ) | | Superintendent | | | | | ( ) | Principal | | | ( ) | Head Administrator\* | | |
| Name (Print) | | |  | | | | | | |  | | | | | | | | | | |
| Signature: | | |  | | | | | | | Date: | |  | | | | | | | | |
| Telephone: | | |  | | | | | | | Email: | |  | | | | | | | | |
| \*Head administrator could be an Assistant Superintendent, HR Director, or a similar position in a non-public educational setting. The Department may contact the signer of this document if clarification is required. | | | | | | | | | | | | | | | | | | | | |
| **Please note:** This document can be uploaded directly into your ELAR account.  For directions, please visit [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/) and select the How to Use the ELAR Portal link in the left navigational bar. | | | | | | | | | | | | | | | | | | | | |