



Building Partnerships for Tomorrow

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**UCESC Mentoring Plan
Certification of Mentoring:
Intensive Four-Week Mentoring Phase**

Novice Teacher's Name: _____

School: _____

Subject/Grade Level: _____

We hereby certify that the aforementioned novice teacher has successfully completed all requirements of the Intensive Four-Week Phase of the UCESC Mentoring Program:

Mentor Teacher's Name: _____

Signature: _____ **Date:** _____

Novice Teacher's Name: _____

Signature: _____ **Date:** _____

Principal/Director's Name: _____

Signature: _____ **Date:** _____