



Building Partnerships for Tomorrow

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UCESC Mentoring Plan Certification of Mentoring: 30-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 30-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:** _____