



Building Partnerships for Tomorrow

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## UCESC Mentoring Plan Mentoring Transfer Template

District/Nonpublic School: \_\_\_\_\_

Novice Provisional Teacher's Name: \_\_\_\_\_

Novice Provisional Teacher's PLMRS Tracking Number: \_\_\_\_\_

Check One:     CE \_\_\_\_\_     CEAS \_\_\_\_\_

**School District Contact: (Name of individual who can provide information about the mentoring that occurred and the mentoring fees that were paid while the provisional teacher was employed in the district)**

Name (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

Phone (incl. ext.): \_\_\_\_\_ Email: \_\_\_\_\_

Novice Provisional Teacher's Mentor: \_\_\_\_\_

Date One-to-One Mentoring began: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Required initial, weekly one-to-one meetings have been completed:     Yes \_\_\_\_\_     No \_\_\_\_\_

Required minimum of 30 weeks of mentoring have been completed     Yes \_\_\_\_\_     No \_\_\_\_\_

*If "No" was checked indicate below how many weeks of mentoring have been completed:*

Total # of weeks of mentoring completed (out of 30 minimum): \_\_\_\_\_

By signing below, you are attesting to the accuracy of this document:

\_\_\_\_\_  
*Signature, Chief School Administrator (or designee)  
or Nonpublic School Lead (or designee)*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*