



## District/Charter and Mentor Recommendation for Non-traditional Completers

This form is to be signed **after** the completion of the two-year state board approved mentoring program under the three-year, non-traditional certificate. The signatures indicate verification that the candidate has completed the mentoring program, has received successful evaluations and has a developed Individual Professional Learning Plan (IPLP).

Section I-Applicant's Full Name		Date of Birth	EDUID
Section II – Select the Non-Traditional Program Completed			
<input type="checkbox"/> American Board for Certification of Teacher Excellence (ABCTE) <input type="checkbox"/> College of Southern Idaho (CSI) <input type="checkbox"/> Lewis-Clark State College (LCSC) <input type="checkbox"/> Teach for America (TFA)			
Section III – List Endorsement/Assignment Verification			
Endorsement Title (List endorsement number)		Assignment/Area of Instruction (List assignment number)	

## Section IV – Mentor Verification

I, the mentor, assure the candidate has demonstrated the competencies below, during the two-year mentoring:

- Develop and revise a classroom management plan, including managing classroom procedures for efficient operation of the classroom and responding to student behavior to maximize instruction.
- Develop a variety of instructional strategies to engage students in learning, to meet the needs of diverse learners, and differentiate instruction.
- The applicant is able to create, revise, implement, administer, and interpret student performance data from a variety of assessment types, including but not limited to [formative, interim and summative assessments](#)

Printed Mentor Name

Title

Mentor Signature

Date

## Section V – District/Charter Verification

I, the district/charter administrator assure the candidate has completed the items below:

District/Charter School Name:

- The applicant has completed a two (2) year mentor program based on the [Idaho Mentor and Induction Program Standards](#) established by the State Board of Education.
- The applicant has achieved two (2) year successful evaluations in the assignment area which aligns to the endorsement(s) listed above. Section 33-1001, Idaho Code.
- The applicant has developed an Individual Professional Learning Plan (IPLP).

Printed Administrator Name

Title

Administrator Signature

Date

## Section VI – Superintendent/Charter Administrator Verification

I, the Superintendent/Charter Administrator, verify the information in this form is true and accurate.

Printed Superintendent/Charter Administrator Name

Date

Superintendent/Charter Administrator Signature

Title