



Caswell County Schools

P.O. Box 160, Yanceyville, North Carolina / Ph: 336-694-4116 / Fax: 336-694-5154

Monthly Verification Form for Paid Mentors

Generally accepted accounting procedures require that the school system maintain a record of time worked services rendered to justify cash expenditures for professional services.

In order to receive a monthly payment of \$100 for serving as a paid mentor, this form must be:

1. Completed monthly by all paid mentors working for the Caswell County School System.
2. Signed by the mentor, the principal/designee and the Beginning Teacher for whom the mentor is serving.
3. Submitted with the school's regular middle of the month payroll to the Payroll Department of the Caswell County School System.

I certify that I have performed the following required mentor duties this month:

- I have met with my Beginning Teacher a minimum average of one time each week (4-5 times this month) for consultation.
- I have logged each meeting on the Mentor Contact Sheet. Submit a copy of the Mentor Contact Sheet to HR along with this form.
- If applicable, I have attended (or been officially excused from attending) all required mentor meetings/staff development training sessions.

I have also performed at least 3 of the following recommended practices for effective mentoring this month: (Please check the applicable blank and document each activity performed on the Mentor Contact Sheet.)

- I have informally observed my Beginning Teacher and have provided verbal or written feedback in a post conference.
- My Beginning Teacher has observed me teaching a lesson so that I can model effective teaching and learning practices.
- I have assessed the professional growth needs of my Beginning Teacher and have made recommendations regarding available staff development opportunities.
- I have led/modeled a reflective practice session for my Beginning Teacher.
- I have discussed/assisted my Beginning Teacher with the Performance Based Licensure process.
- I have discussed/assisted my Beginning Teacher with location, selection and access to instructional materials.
- I have assisted my Beginning Teacher with information about services offered by the school, school systems, DPI, community agencies, or others.
- I have assisted my Beginning Teacher with strategies and/or procedures to appropriately serve a special needs student.
- I have spent informal social time with my Beginning Teacher.
- I have assisted my Beginning Teacher with becoming acclimated to the community.
- Other (Please describe) _____

Name of Mentor (As it appears on your paycheck) _____

School: _____ SS#: (last 4 digits only) _____

Signature of Mentor: _____ Date _____

Signature of Beginning Teacher: _____ Date _____

Signature of Principal/Designee: _____ Date _____