



# Illinois New Principal Mentoring Program

## ILLINOIS NEW PRINCIPAL MENTORING PROGRAM

### VERIFICATION AND YEAR-END SUMMARY

Directions: Complete this form, attach the New Principal Mentoring log, sign and submit to the mentoring provider that provided mentoring services for this new principal.

#### **New Principal**

Name: \_\_\_\_\_ IEIN: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ RCDT Code: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Mentor**

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Mentoring**

Total Mentoring Contact Hours: \_\_\_\_\_

Total Mentoring On-Site Visits: \_\_\_\_\_

I certify under penalty of perjury that I participated in mentoring as indicated above and outlined in the attached log and year-end summary.

New Principal Signature & Date: \_\_\_\_\_

Mentor Signature & Date: \_\_\_\_\_

I certify under penalty of perjury that I have reviewed and approved the attached log.

Mentoring Entity Signature & Date: \_\_\_\_\_

#### **Summary of the Mentoring Experience (To be completed by the new principal)**

On the following page, indicate how selected aspects of your practice have been affected by the interaction with your mentor.