**Beginning Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please print first and last name)**

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|  | **Activity** | **Completed and Documentation Attached** |
| **1** | **Read and Reviewed with Mentor**\_\_\_\_ COE ***Completion Guide***\_\_\_\_ Information ***You Should Know*** \_\_\_\_ Florida ***Educator Accomplished Practices (FEAP)***\_\_\_\_ Florida ***Standards for appropriate grades and/or subjects***NO DOCUMENTATION REQUIRED. |  |
| **2** | \_\_\_\_ Individual **Action Plan (IAP) –** \_\_\_\_ IAP #1 \_\_\_\_ IAP #2 \_\_\_\_ IAP #3 \_\_\_\_ IAP #4 (Initial)  (Obs. #1)  (Obs. #2)  (Final)ATTACH SIGNED COPIES OF EACH PAGE OF THE IAP. |  |
| **3** | **Mentor Observations** **#1**: date **–** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Prior to the administrator’s first formal observation. Follow-up must occur within 10 days of mentor observation.)**#2**: date **–** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Prior to the administrator’s second formal observation. Follow-up must occur within 10 days of mentor observation.)ATTACH ONE COPY OF THE *Verification of Demonstration of Florida Educator Accomplished Practices (FEAP) observation form that shows a minimum of two observations were completed by your mentor.* *Please note, the majority of practices within each section must be checked off, or additional observations will need to be scheduled.* |  |
| **4** | **OPTIONAL Training**\_\_\_\_ Proactive ***Classroom Management and Building Relationships*** (In-Person)\_\_\_\_ Proactive ***Classroom Management, A Deeper Dive*** (Canvas course)\_\_\_\_ Beacon **Professional Practices for Educators** \_\_\_\_ Beacon **Student Advocacy and Legal Issues**  ATTACH COPY OF LEON LEADS TRANSCRIPT and/or BEACON TRANSCRIPT. |  |
| **5** | **Mentor Log**ATTACH COPY OF MENTOR LOG. |  |

Please ensure that electronic copies of the attached documentation have been submitted to the *Beginning Teacher Paperwork Portal* at <https://forms.office.com/r/3eX8SU9PdM>.

**COE Program Completion Verification**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has demonstrated mastery of the Florida Educator Accomplished

 *Beginning Teacher’s Name* Practices and Professional Education Competencies.

 *(*Please print)

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_