**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: \_\_\_\_\_\_\_\_\_\_\_\_\_