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

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

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|  | **Activity** | **Date Completed, and if requested, Documentation Attached** |
| **1** | **Read and Reviewed with Mentor**  \_\_\_\_ ***PEC Completion Guide***  \_\_\_\_ ***Information You Should Know***  \_\_\_\_ ***Florida Educator Accomplished Practices (FEAP)***  \_\_\_\_ ***Florida Standards for appropriate grades and/or subjects***  ***\_\_\_\_ Review Statement of Eligibility***  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** | **Required Training**  \_\_\_\_ **Proactive *Classroom Management and Building Relationships*** (Completed in-person prior to  October 1, 2024)  \_\_\_\_  ***Proactive Classroom Management, A Deeper Dive*** (Completed on Canvas by February 3, 2025)  \_\_\_\_ **Beacon Professional Practices for Educators** (Completed on Beacon Educator by  November 1, 2024)  \_\_\_\_ **Beacon Student Advocacy and Legal Issues**  (Completed on Beacon Educator by April 4, 2025)  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>.

**PEC Program Completion Verification**

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

*Beginning Teacher’s Name* Professional Education Competencies.

*(*Please print)

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

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