KUMISION SETTEFIKASION PARA I MANMANIDUKA

Guam Commission for Educator Certification 303 University Drive, SOE Bldg., Room 105, Mangilao, Guam 96913 Tel: (671) 735-2554 - 2257 / FAX:)671) 735-2569

www.gcec.guam.gov

TEACHER MENTORSHIP VERIFICATION/CONFIRMATION FORM

According to Public Law 31-50, all Professional Educators with an Initial Certificate are required to be mentored prior to application for the next level of certification. GCEC may accept an organized program at the individual school. An organized and well-developed mentoring program can support professional growth for the mentors and mentee and help with teacher retention.

A mentoring program should help novice teachers in classroom management, lesson planning, collection of best practices and strategies, department and school requirements, etc. Along with effective feedback and regular meetings. The teacher should take on the responsibility to complete mentoring program.

Ishbula take on the responsibility to t	complete memoring program.			
TEACHER INFORMATION				
NAME:	EIN:	DATE:		
Effective Date of Employment as a T	eacher:	•		
Teaching Assignment (Grade Level/S	Subject Taught):			
	Please see attached Teaching	g Certificate		
	SCHOOL INFORMA	ATION		
School Assigned:	Administrator's Name:			
Administrator's Signature:	Date of Signature:			
	MENTORSHIP INFOR	RMATION		
Date Mentoring Began:	Date Mentoring Complete	ed:		
I acknowledge that the following has	taken place to assist the new teacher.			
A) Regular meetings with a mentor to	eacher: (Dates of meetings).			
B) Discussion on topics relevant to s	school and classroom identify at least f	our of the discussion:		
1)				
2)				
3)				
4)				

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C) Feedback was provided that enable	the novice teacher to develop professi	onally:		
Name two areas that were identified a	nd provide a short explanation of the im	provement made:		
1)	Explain:	Explain:		
2)	Explain:	Explain:		
Name of Teacher:	Signature:	Date:		
Mentor Assigned:	Signature:	Date:		
Name of Principal:	Signature:	Date:		
Mentorship Coordinator: (If applicable)	Signature:	Date:		
GUAM COMMISSIO	N FOR EDUCATOR CERTIF	CATION ACKNOWLEDGEME	NT	
GCEC Certification Officer:	Signature:	Date:		
FRAN-NICOLE CAMACHO				

jcm 12/04/18