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

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

|  |  |  |
| --- | --- | --- |
|  | **Activity** | **Completed and Documentation Attached** |
| **1** | **Read and Reviewed with Mentor**\_\_\_\_ ***Vocational Completion Guide***\_\_\_\_ ***Information You Should Know***\_\_\_\_ ***CTE Curriculum Frameworks for appropriate subjects***NO DOCUMENTATION REQUIRED. |  |
| **2** | \_\_\_\_ **Individual Action Plan (IAP) –** \_\_\_\_ #1 \_\_\_\_ #2 \_\_\_\_ #3 \_\_\_\_ #4ATTACH 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 May 27, 2025) \_\_\_\_ Your First Year in CTE: 10 More Things to Know Expert Session\_\_\_\_ From Company to Classroom: Engaging STEM Professional Talent\_\_\_\_ Using Action Based Research Webinar — Michael T. Holik, Ed.D. ATTACH COPY OF LEON LEADS TRANSCRIPT and ONLINE SEMINARS ATTESTATION STATEMENT. |  |
| **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>.

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