******

**Verification of Participation in/or Completion of**

**Induction Program Form**

* This form will assist an authorized school official with verifying an educator is participating in or has completed an induction program.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Educator’s Name:** | | | | |  | | | | |
| **Educator’s MA Educator License or MEPID Number:** | | | | |  | | | | |
| **School/School District:** | | | | |  | | | | |
| ***The educator noted above (check box that applies):*** | | | | | | | | | |
|  | Has completed an induction program | | | | | | | | |
|  | Is currently participating in an induction program | | | | | | | | |
|  | | | | | | | | | |
| ***The status of the induction program verified above is attested by my signature in the role of (Check one):*** | | | | | | | | | |
|  | Superintendent | |  | Principal | |  | Head Administrator\* | | |
| **Printed Name:** | |  | | | | | | **Signature:** |  |
| **Title:** | |  | | | | | | **Date:** |  |
| **Phone:** | |  | | | | | | **Email:** |  |
| *\*Head administrator could be an Assistant Superintendent, HR Director, or a similar position in a non-public educational setting. The Department may contact the signer of this document if clarification is required.* | | | | | | | | | |