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**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.

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| **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.* |