**PROFESSIONAL LEARNING EXPERIENCE VERIFICATION**

**END-OF-YEAR OVERVIEW 2024- 2025** (to be uploaded in pdf format)

**YEAR 3**

**LEA – Diocese of Wilmington**

**NAME: SCHOOL:**

**TARGET GROWTH AREA:**

**ALIGNED WITH DE PROFESSIONAL TEACHING STANDARD:**

**FIFTEEN HOURS OF PROFESSIONAL LEARNING**

Date/Mode of Learning

**EXAMPLES OF PROFESSIONAL LEARNING IMPLEMENTATION**

Date/How Implemented:

**REFLECTION - Benefits of this year’s Professional Learning**

**THREE FUTURE SMART GOALS**

**Signature of Mentee/Date Signature of Induction Coordinator/Date**

confirms all the above has been completed verifies all has been completed and discussed

with mentee