**DIOCESE OF WILMINGTON**



***PROFESSIONAL MENTORING PROGRAM***

**Verification of Services Form**

**for Mentees**

The purpose of this document is to assure that you completed all requirements of Year 4 Mentoring. Please be honest when **initialing** the areas indicated below. A signed copy MUST be in your portfolio.

Mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentoring Program Facilitator: Carol Ripken Diocese of Wilmington

\_\_\_\_ 1. I formulated my Professional Growth Plan for the required 20 hours and completed the “*Professional Growth Plan”* documentfor 2025-2026.

\_\_\_\_ 2. I implemented my Professional Growth Plan for Year 4 and successfully met each of my two goals (or fell short of one or both of my goals because \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ 3. I thoroughly documented what I did to strive to achieve my goals.

\_\_\_\_ 4. I completed a tentative plan for future goals for professional development that will enhance teaching and learning in my classroom.

\_\_\_\_ 5. I wrote an honest reflection about my growth this year.

\_\_\_\_ 6. I “touched base” with my mentor at least monthly during the time I was engaged in Year 4 work.

\_\_\_\_ 7. I carefully reviewed the portfolio checklist and ensured I included all needed materials

\_\_\_\_ 8. I completed a portfolio that well represents my work during Year 4 of the Professional

Mentoring Program.

Mentee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mentoring Facilitator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_