

# CAYUGA-ONONDAGA BOCES

## Recording Keeping as Acceptable to the Commissioner of Education For Mentoring Requirement

Teacher Mentee Name	SS#
Certification Number	Date Issued
Program Title	
Mentor Name	Certificate Number

Approved Mentoring Activities	Date	Clock Hours

**\*Attach Documentation as relevant**

This teacher has successfully completed one year of approved, mandatory mentoring during the \_\_\_\_\_ school year.

Teacher Mentee \_\_\_\_\_ Date \_\_\_\_\_

Mentor \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Principal \_\_\_\_\_ Date \_\_\_\_\_

District Superintendent \_\_\_\_\_ Date \_\_\_\_\_