

**DIRECT Mentor Observation
New Career and Technology Education (CTE)
Work-Based Certified Teacher**

DIRECT Mentor Verification Form

It is the responsibility of the mentor teacher to submit this form for reimbursement.

The verification form must indicate that you spent an entire day with the mentor teacher. **An entire day is considered 8:00 AM – 3:00 PM.** Less than a full day will warrant another visit regardless of the score on your summary.

This is to verify that _____
(Print) Name of New CTE Work-Based Certified Teacher

completed a one-day mentoring experience at _____
Location

on _____ from _____
Date Beginning Time

to _____
Ending Time

To be filled out by **DIRECT Mentor**:

Name (PLEASE PRINT)

Social Security Number

Signature

Date

Home Street Address

City, State, Zip

New CTE Work-Based Certified Teacher Signature

Date

Fax to: Amanda Wilson at 803-734-3525 or
Mail to: Amanda Wilson
SC Department of Education
1429 Senate St., 918 Rutledge Bldg.
Columbia, SC 29201