BERRIEN COUNTY INTERMEDIATE SCHOOL DISTRICT

711 St. Joseph Ave., Berrien Springs, MI 49103 **269-471-7725**

SB-CEU PARTICIPANT VERIFICATION FORM FOR MENTOR TEACHER/SUPERVISING TEACHER

This form should be completed for eligible participants to receive State Board-Continuing Education Units (SB-CEUs) for participation in one of the following activities: (please check one)

Serving as a mentor teacher
Serving as a new principal mentor
Serving as a supervising teacher

A completed copy of this form must be filed with the SB-CEU sponsor no more than 30 calendar days after training is completed.

(Type or Print)

Name	Social Security Number
Name of School District Where Employed	
Name of School Where Assigned	
Name of Assignee	New Teacher Student Teacher New Principal
Beginning Date of Professional Activity	Completion Date of Professional Activity

_____ _____

Mentor/Supervising Teacher's Principal's Signature Date

I certify the criteria to receive SB-CEUs for the above activity have been met.

_____ _____

Building Principal's Signature/District Superintendent Date

Teacher provided with completed copy.

Berrien County Intermediate School District _____

SB-CEU Sponsor Program Approval Number

_____ _____

SB-CEU Coordinator's Signature Date

A COMPLETED COPY OF THIS FORM SERVES AS VERIFICATION OF SB-CEUs