



Building Partnerships for Tomorrow

Union County Educational Services Commission

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**UCESC Mentoring Plan  
Certification of Mentoring:  
Intensive Four-Week Mentoring Phase**

**Novice Teacher's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Subject/Grade Level:** \_\_\_\_\_

We hereby certify that the aforementioned novice teacher has successfully completed all requirements of the Intensive Four-Week Phase of the UCESC Mentoring Program:

**Mentor Teacher's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Novice Teacher's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/Director's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_