

**McLean County Unit District No. 5**

1809 W. Hovey Avenue

Normal, IL 61761

**ASSURANCE STATEMENT**

NAME (Last – First – Middle – Maiden)

HOME ADDRESS (Street number, City, State, Zip Code)

**PART A – TEACHING EXPERIENCE**

**SCHOOL(S) WHERE TEACHING TOOK PLACE**

To meet certification requirements:

I accrued a total of four years' (equivalent to eight semesters of full-time employment) teaching experience on a valid teaching certificate.

**PART B – PROFESSIONAL DEVELOPMENT:** To meet certification requirements, I completed the following New Teacher Induction Professional Development requirements.

1. I met with my mentor for a minimum of ten hours. Mentor's name \_\_\_\_\_

2. I attended 12 hours of the McLean County Unit District No. 5 New Teacher Induction Seminar Series.

3. I was observed four times by my mentor.

4. I completed the observation forms for each observation.

5. I maintained my New Teacher notebook.

**Applicants who knowingly alter or misrepresent their qualifications in order to obtain a certificate shall be denied its issuance and may be subject to the suspension or revocation of all previously held certificates.**

*I do hereby affirm under penalty or perjury that the information provided above is true, correct, and complete. The evidence of completion for the professional development activity or activities will be available upon request. Statements verifying teaching experiences are attached or submitted under separate cover.*

Signature of Applicant

Date

**RECOMMENDATION FOR ISSUANCE**

Recommended for issuance of certificate.

Recommended for nonissuance of certificate(s) for the following reason(s):

- Seminar Series was not completed
- Observations were not completed
- Teacher has not met with mentor

Signature of Director of Elementary Education

Date