

## Participating Teacher Statement of Completion- Year 1

Ι,	at	
in	(Print name) (Name of school) School District do certify that I have successfully completed the	
	nt of the Far East Contra Costa County Induction Program by:	
•	Documenting, organizing and submitting evidence towards mastery of the CSTI by my Individual Learning Plan	
Signati	nature Participating TeacherDateDate	
Signati	nature Induction Mentor Date	
Distri	trict Representative to initial or N/A:	
-	After review of the Participating Teacher Portfolio, all requirements have been completed the FECCC Induction Program for Year 1.  Evidence to support growth towards mastery of the CSTP's is in progress to recent Teaching Credential.	
As,Di	District Coordinator/Liaison, I, do certif	y that
Count	has completed the Year 1 of the Far East Conunty Induction Program.	tra Costa
Signa	nature Date	