**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE ID#\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT AND COMPLETE THIS CHECKLIST**

**PRINT OUT AND CHECK OFF COMPLETED ITEMS**

* Copy of Notice of Non-Reoffering letter from NPS
* Copy of completed Cause/Hearing request letter
* All Observations
* Midyear & Annual Evaluations(if applicable)
* All relevant emails
* Relevant test data
* Annual Portfolio (if applicable)
* Letters of Discipline (if applicable)
* Letters of Warning (if applicable)

**CIRCLE Y(YES) or N(NO) IN ANSWER TO THE FOLLOWING QUESTIONS**

**Y N Are you currently on a CAP?**

**Y N Have you been teaching out of your certification for any part of the school year?**

***IF SO:***

**Y N Were you evaluated in that class?**

 **Y N Was your administrator aware you were teaching out of your certification?**

**Y N Did you have a MENTOR?**

 ***IF SO:***

 **Y N Did your Mentor observe you more than once?**

**Y N Did you receive feedback from your Mentor?**

**Y N Did your school have a SCHOOL IMPROVEMENT PANEL?**

 ***IF SO:***

 **Y N Did you receive any support from the SCIP (School Improvement Panel)?**

**Y N Did you receive the required minimum number of Evaluations?**

**(Non-tenured teachers must have a minimum of 3 and by multiple observers. If**

**you are on a CAP, a minimum of 4 is required, and by multiple observers)**

**Please make sure you have all materials prepared**