



SIGNATURE OF AUTHORIZING OFFICIAL
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD
 TEACHER SUPPORT SYSTEM MENTORING PROGRAM
 SFN 60349 (4/2013)

District Statement of Assurances
For 2013-14 and/or 2014-15 School Year

- A. The person whose signature appears below has the necessary legal authority to agree to these assurances.
- B. Our district agrees to operate in compliance with all applicable state laws, regulations, policies, administrative rules and Program requirements (including **provision of substitute teachers for Program activities**).
- C. I understand that only first-year, new to the profession teachers can be mentored in this program.
- D. Requests for reimbursement will be submitted to the Teacher Support System by the dates and in the formats specified.

I hereby agree to all of the requirements above.

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|------------------|-------|
| Name of Official | Title |
| School District | |
| Signature | Date |

This signed sheet may be mailed (Teacher Support System, 2718 Gateway Avenue, Suite 303, Bismarck, ND 58503), faxed (701.328.9647), or emailed (lstenehi@nd.gov) and should be received before mentors from the district can begin mentor training.