



## 2011-13 TEACHER SUPPORT SYSTEM MENTORING PROGRAM

Education Standards and Practices Board

**SIGNATURE OF AUTHORIZING OFFICIAL**

### Statement of Assurances

- 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.
- C. 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.

Signature \_\_\_\_\_

Name of official \_\_\_\_\_

Title \_\_\_\_\_

School District \_\_\_\_\_

Date \_\_\_\_\_

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