

**ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION**



5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101

Telephone: (334) 694-4557
[Alabama Achieves](http://AlabamaAchieves.com)

**SUPPLEMENT MVF
The Temporary Special Education Certification (TSEC) Mentorship Verification Form**

Supplement MVF verifies proper mentorship for individuals seeking the Temporary Special Education Certificate. An Alabama employing county/city superintendent should submit this form directly to the Educator Certification Section of the Alabama State Department of Education (ALSDE).

PERSONAL DATA					
<i>Legal name as it appears on government-issued identification.</i>					
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Social Security Number			ALSDE ID		
LEA					

MENTOR OPTIONS
*Please check the appropriate **OPTION** for the mentorship assignment.*

OPTION 1- Alabama Teacher Mentor Program (ATMP)

Mentor through the Alabama Teacher Mentor Program (ATMP)
(This option is applicable IF the LEA has a signed MOA with the ATMP and the mentee was approved by Dr. Patience Oranika by the requested deadline).

Mentor Qualifications: A mentor assigned to the applicant must hold the following:

- a valid Alabama Professional Educator Certificate in an area of special education **AND** have at least three full years of full-time professional educational work experience; **or**
- serve as the Special Education Facilitator/Director with a valid Alabama Professional Educator Certificate in an area of special education; **or**
- retired Special Education teacher with a valid Alabama Professional Educator Certificate in an area of special education.

Name of mentor: _____ ALSDE ID: _____

Qualifying certificate(s): _____

Valid period of certificate(s): _____ Years of teaching experience: _____

OPTION 2 – LEA Assigned Mentor

LEA assigned mentor

Mentor Qualifications: A mentor assigned to the applicant must hold the following:

- a valid Alabama Professional Educator Certificate in an area of special education **AND** have at least three full years of full-time professional educational work experience;

Name of mentor: _____ ALSDE ID: _____

Qualifying certificate(s): _____

Valid period of certificate(s): _____ Years of teaching experience: _____

Name: _____ SSN: _____

OPTION 3 – Special Education Facilitator/Director

Special Education Facilitator/Director

Mentor Qualifications: A mentor assigned to the applicant must hold the following:

a valid Alabama Professional Educator Certificate in an area of special education

Name of mentor: _____ ALSDE ID: _____

Qualifying certificate(s): _____

Valid period of certificate(s): _____

OFFICIAL ATTESTATION

LEA Initials I understand if **Option 2** or **Option 3** is selected, there is no funding provided to the LEA or mentor from the ALSDE ATMP.

LEA Initials I understand if **Option 2** or **Option 3** is selected, the LEA must have a comprehensive and high-quality teacher-mentor program.

OFFICIAL AUTHORIZATION

Date

Signature of Alabama Superintendent

Name of Alabama Local Education Agency

SIGNATURE OF MENTOR

Date

Signature of Mentor

Name of Alabama Local Education Agency

Name of School