**KENNEBEC CONSORTIUM FOR SCHOOL ADMINISTRATORS**

**CHECKLIST FOR MIDPOINT ADMINISTRATOR RECERTIFICATION PLAN**

(To be completed By Mentor\* and Submitted with Midpoint ARP)

| Candidate’s Name: | School District: |
| --- | --- |
| Mentor’s Name: | School District: |

| **AAP Component** | **Completed** | **Comments:** |
| --- | --- | --- |
| 1. **INTENT TO RENEW COMPLETED**
 |  |  |
| 1. **COPY OF CERTIFICATE**
 |  |  |
| 1. **CHART**

 Indicate hours completed under  appropriate Standard |  |  |
| 1. **MENTOR REVIEW AND VERIFICATION**

 Mentor’s signature below indicates that the Administrator Action Plan has been reviewed by the Mentor and found to be ready for submission to the Consortium. |  |  |

| Signature of Mentor: | Date |
| --- | --- |