

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	<input type="checkbox"/>	
2. COPY OF CERTIFICATE	<input type="checkbox"/>	
3. CHART Indicate hours completed under appropriate Standard	<input type="checkbox"/>	
4. 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.	<input type="checkbox"/>	

Signature of Mentor:	Date
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