



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | June St. Clair Atkinson, Ed.D., *State Superintendent*

WWW.NCPUBLICSCHOOLS.ORG

Competency Verification Form: Lateral Entry Teachers

Teacher's Name: _____ SSN: _____

*This is to certify that the above named teacher has participated in training that covered (check the appropriate boxes for each competency **and** the date met below):*

☐ **Educational/Instructional Technology competency**

All credits were earned within the last 10 years.

A minimum of 3 CEU's or 2 semester hours has been earned.

Dated last credit earned: _____

☐ **School Policies and Procedures**

Professional Code of Ethics

School Board Policies

ABCs

Faculty Handbook

Legal Issues

Grading Policies

Gateways

Procedures within the school

Dated competency fulfilled: _____

☐ **Home/School/Community Collaborations**

Communicating with parents

Communicating with students

Communicating with agencies

Conferencing Skills

Dated competency fulfilled: _____

Principal's Signature/Date

Personnel Administrator's Signature/Date

While the RALC does not require the principal's signature, it can be required by the LEA

LEA