

Total Hours			

Mentoring Hours Year 1

July	
<ul style="list-style-type: none"> <input type="checkbox"/> Tour Building (entrances, alarm codes, office, mailboxes, lounge, parking, introduce key building personnel, teacher restrooms, library, music, gym, copy machine/code, location of shared curricular materials, etc.) <input type="checkbox"/> Review district and zone mission and vision; share building mission and vision <input type="checkbox"/> Review how to access Board of Education policies (mandatory reporting, health, safety, harassment, substance abuse, non-discrimination, and bullying) <input type="checkbox"/> First day expectations and schedule <input type="checkbox"/> Communication with stakeholders <ul style="list-style-type: none"> <input type="checkbox"/> Expectations for parental/guardian communication <ul style="list-style-type: none"> <input type="checkbox"/> How to make parent contact lists in email <input type="checkbox"/> Website/ teacher pages <input type="checkbox"/> Share school-wide behavior philosophy and management program/protocols <ul style="list-style-type: none"> <input type="checkbox"/> Discipline procedures/office referral <input type="checkbox"/> Emergency procedures <input type="checkbox"/> Bell schedules/Early dismissal/Late start schedules <input type="checkbox"/> Team Planning Times/Meeting Times <input type="checkbox"/> Review caseload <input type="checkbox"/> Staff handbook and professionalism 	<ul style="list-style-type: none"> <input type="checkbox"/> Access Schoology for pertinent groups and courses <input type="checkbox"/> Accessing and checking out testing kits <input type="checkbox"/> Review mission and vision of the individualized education department <input type="checkbox"/> Review department expectations and norms <input type="checkbox"/> Accessing IEPs in Enrich <input type="checkbox"/> Expectations for developing IEP goals <input type="checkbox"/> Accessing quarterly IEP progress reports <input type="checkbox"/> Accessing Special Education Reference Guide <input type="checkbox"/> Procedures for special services (Medicaid, online service logs) <input type="checkbox"/> Review expectations for accessing buildings on a consistent basis and sign-in sheet locations <input type="checkbox"/> Mileage reimbursement, when applicable <input type="checkbox"/> Maintaining student special education files <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

Goal: Write a professional goal for the month to track with mentor						
Mentoring Hours						
Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for July						

August	
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<ul style="list-style-type: none"> <input type="checkbox"/> Staff leave <ul style="list-style-type: none"> <input type="checkbox"/> Requesting a sick day/ personal day in Aesop <input type="checkbox"/> Evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Discuss, clarify, and answer questions regarding the evaluation process (following annual admin evaluation orientation) <input type="checkbox"/> Support with self-assessment and goal setting process <input type="checkbox"/> Support with Student Learning Outcomes (SLOs) 	<ul style="list-style-type: none"> <input type="checkbox"/> Assessment <ul style="list-style-type: none"> <input type="checkbox"/> Benchmark procedures, dates, and materials <input type="checkbox"/> Review initial benchmark results <input type="checkbox"/> Online platforms: (i.e. Alpine Achievement, Acadience, Assessment Rating Scales, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> Other platforms: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Goal: Write a professional goal for the month to track with mentor						
Mentoring Hours						
Date	Time	Hours		Date	Time	Hours
Total Mentoring Hours for August						

September	
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<ul style="list-style-type: none"> <input type="checkbox"/> Using assessment data to support services <input type="checkbox"/> MTSS Plans <ul style="list-style-type: none"> <input type="checkbox"/> MTSS Procedures <input type="checkbox"/> Progress monitoring <input type="checkbox"/> Communication with parents <input type="checkbox"/> READ Plans (K-3) <ul style="list-style-type: none"> <input type="checkbox"/> Review READ Act Handbook <input type="checkbox"/> Communicating student progress with parents 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss mentee's primary concerns/issues <input type="checkbox"/> Schedule Observation #1 <ul style="list-style-type: none"> Date: _____ (Complete observation section below) <input type="checkbox"/> Schedule observation debrief between mentor/mentee <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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(progress reports, parent-teacher conferences, student work samples, etc.) <input type="checkbox"/> Review emergency procedures	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for September	
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October

<input type="checkbox"/> Reflect on student achievement & growth <ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with case manager/classroom teacher to ensure accommodations are being documented <input type="checkbox"/> Share tips on addressing concerns with parents <input type="checkbox"/> Reflect on student behavior & learning environment <ul style="list-style-type: none"> <input type="checkbox"/> Discuss concerns/issues 	<input type="checkbox"/> Discuss preparation for formal evaluations/observations <input type="checkbox"/> Check Aha Network for upcoming learning opportunities <input type="checkbox"/> Self-care reflection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for October	
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November/December

- Progress report procedures
- Preview the end of semester activities/holiday activities and adjust services as needed
- Discuss planning for second semester (review caseload, evaluation planning, etc.)
- Review mid-year evaluation process and reflect on progress towards goals

- Complete Observation #2
Date: _____
(Complete observation section below)
- Schedule observation debrief between mentor/mentee
- Other: _____
- Other: _____

Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for November/ December

January

- Review professional goals and personal goals for self-care
- Review spring assessment calendar and adjust services as needed
- Reflect on mentoring hours and professional development hours to remain on track to complete induction requirements

- Check Aha network for upcoming courses and learning opportunities
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for January

February/March

- Communicating student progress with parents (progress reports, parent-teacher conferences, student work samples, etc.)
- Discuss goals and progress in professional development
- Self-care reflection
- Complete Observation #3
Date: _____ (Complete observation section below)

- Schedule observation debrief between mentor/mentee
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours

Total Mentoring Hours for February/March

April/May

- Evaluation
 - Discuss, clarify, and answer questions regarding the EOY evaluation process
 - Reflect on progress towards goals
- Reflect on evidence of student achievement & growth
 - Artifacts uploaded demonstrating student progress
 - Reporting progress to parents
- Discuss end of year events happening in May
- End of Year Procedures
 - Check out procedures
 - Expectations for summer office clean out
 - Ordering for next year

- Reflection on the year--what worked; what didn't
- Check Aha Network for summer professional development opportunities
- Complete Observation #4
Date: _____
(Complete observation section below)
- Schedule observation debrief between mentor/mentee
- Discuss preparation for EOY induction meeting
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Goal: Write a professional goal for the month to track with mentor

Mentoring Hours

Date	Time	Hours		Date	Time	Hours
Total Mentoring Hours for April/ May						
Total Mentoring Hours for Year 1 Induction						

Peer Observations Year 1

At least one observation is required each quarter. During the first year of induction four peer observations are required. These observations should occur at least quarterly throughout the school year. Observations may include the mentor observing the inductee to provide meaningful non-evaluative feedback, or the inductee observing the mentor or other accomplished teachers / instructional coaches in the district with guidance from the lead mentor and supervisor. Observations should be scheduled to align with inductee needs and building priorities. Individualized Education staff may observe or be observed by colleagues in another District 49 school. During the second year of induction two observations (one per semester) are required.

Quarter	Date	Time	Location	Who/What was observed
1				
2				
3				
4				

Lead Mentor / Inductee Meetings Year 1

A check-in meeting with the lead mentor and inductee is required at least once per semester to provide additional support and to ensure that inductees are on-track for induction completion.

Semester	Date	Time	Topic	Lead Mentor Signature
1				
2				

Peer Observations Year 2

Quarter	Date	Time	Location	Who/What was observed
1				
2				

Lead Mentor / Inductee Meetings Year 2

Semester	Date	Time	Topic	Lead Mentor Signature
1				
2				

Induction Verification Form

Induction Requirements: <i>This section to be completed by the professional learning team during induction end of year meetings</i>	Year 1	Year 2	Questions/Areas for Additional Support
Inductee has completed minimum requirements for professional development			
Inductee has completed minimum mentoring requirements			
Inductee has completed the required peer-observations			
Inductee has successfully completed all induction requirements			

The inductee has successfully completed at least 2-years of teaching in District 49 and is recommended to complete the induction program.

 YES NO

Inductee Signature

Lead Mentor Signature

Date

*Principal or Designee Signature

*Counselors and social workers should have principals sign off. BCBA's should have evaluator sign off. SLPs, OTs, PTs, and School Psychs have a SpEd Director or a SpEd Coordinator sign off.

Signatures indicate that the educator has completed the requirements of the district induction program. There is no evaluation of inductees "Educator Effectiveness Rating" either stated or implied.