

Teacher Induction

Collaborative Assessment Log

| | | | |
|---------------------------------|----------------------------|----------------------------|-------------|
| Name: _____ | County Mentor: _____ | | |
| Grade Level/Subject Area: _____ | _____ 1 st Year | _____ 2 nd Year | Date: _____ |

Check all that apply:

- | | | | | | |
|---|--|--|--|--|---|
| <input type="checkbox"/> Analyzing student work | <input type="checkbox"/> Developing/Reviewing Professional Goals | <input type="checkbox"/> Modeling Lesson | <input type="checkbox"/> Planning Lesson | <input type="checkbox"/> Pre-Observation Planning | <input type="checkbox"/> Using Technology |
| <input type="checkbox"/> Communicating with Parents | <input type="checkbox"/> Discussing Case Study Student | <input type="checkbox"/> Observing Instruction | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Post-Observation Reflecting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Discussing Content Standards | <input type="checkbox"/> Implementing IEP Goals | <input type="checkbox"/> Visiting a Peer | <input type="checkbox"/> Providing Resources | <input type="checkbox"/> Reflecting | |

What's Working:

Challenges:

Short Term Goal:

Teacher's Next Steps:

Mentor's Next Steps:

| | |
|---------------|--------|
| Next Meeting: | Focus: |
|---------------|--------|

1- Planning 2- Strategies and Techniques 3-Student-Teacher Interaction 4-Organization and Management 5-Measuring Student Performance 6- Related Responsibilities 7- Emotional Support 8- Peer Visitation 9-Brief Contact 10- Other