

**District 49 SSP Induction Packet**

Educator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\

**Program Overview**

| **Induction Year** | **Mentoring Hours Required** | **Professional Development Hours Required**  | **Observations Required**  |
| --- | --- | --- | --- |
| **Year 1** | **30**  | **30** | **4 (1 per quarter)** |
| **Year 2** | **15** | **15** | **2 (1 per semester)** |

**Professional Development Hours Year 1**

Inductees are required to complete a minimum of **30 professional development hours** during year 1. Professional development activities must align with the educator’s professional learning plan and meet all zone/building and department requirements. A maximum of 8 hours of induction credit may be awarded per activity.

| Focus Area/ Course Title | Date(s) | Types of Training (PLC, Conference, PD Day,etc.) | Contact Hours |
| --- | --- | --- | --- |
|  |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  **Total Hours** |  |

**Mentoring Hours Year 1**

| **July** |
| --- |
| * 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.)
* Review district and zone mission and vision; share building mission and vision
* Review how to access Board of Education policies (mandatory reporting, health, safety, harassment, substance abuse, non-discrimination, and bullying)
* First day expectations and schedule
* Communication with stakeholders
	+ Expectations for parental/guardian communication
		- How to make parent contact lists in email
	+ Website/ teacher pages
* Share school-wide behavior philosophy and management program/protocols
	+ Discipline procedures/office referral
* Emergency procedures
* Bell schedules/Early dismissal/Late start schedules
* Team Planning Times/Meeting Times
* Review caseload
* Staff handbook and professionalism
 | * Access Schoology for pertinent groups and courses
* Accessing and checking out testing kits
* Review mission and vision of the individualized education department
* Review department expectations and norms
* Accessing IEPs in Enrich
* Expectations for developing IEP goals
* Accessing quarterly IEP progress reports
* Accessing Special Education Reference Guide
* Procedures for special services (Medicaid, online service logs)
* Review expectations for accessing buildings on a consistent basis and sign-in sheet locations
* Mileage reimbursement, when applicable
* Maintaining student special education files
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 July**  |  |

| **August** |
| --- |
| * Staff leave
	+ Requesting a sick day/ personal day in Aesop
* Evaluation
	+ Discuss, clarify, and answer questions regarding the evaluation process (following annual admin evaluation orientation)
	+ Support with self-assessment and goal setting process
	+ Support with Student Learning Outcomes (SLOs)
 | * Assessment
	+ Benchmark procedures, dates, and materials
	+ Review initial benchmark results
* Online platforms: (i.e. Alpine Achievement, Acadience, Assessment Rating Scales, etc.)
	+ Other platforms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 August**  |  |

| **September** |
| --- |
| * Using assessment data to support services
* MTSS Plans
	+ MTSS Procedures
	+ Progress monitoring
	+ Communication with parents
* READ Plans (K-3)
	+ Review READ Act Handbook
* Communicating student progress with parents (progress reports, parent-teacher conferences, student work samples, etc.)
* Review emergency procedures
 | * Discuss mentee’s primary concerns/issues
* Schedule Observation #1 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Complete observation section below)
* Schedule observation debrief between mentor/mentee
* 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 September**  |  |

| **October** |
| --- |
| * Reflect on student achievement & growth
	+ Collaborate with case manager/ classroom teacher to ensure accommodations are being documented
	+ Share tips on addressing concerns with parents
	+ Reflect on student behavior & learning environment
		- Discuss concerns/issues
 | * Discuss preparation for formal evaluations/observations
* Check Aha Network for upcoming learning opportunities
* Self-care reflection
* 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 October**  |  |

| **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 |  |  |  |  |

**Year 2 Log**

**Professional Development Hours Year 2**

Inductees are required to complete a minimum of 15 professional development hours during year 2.

| Focus Area/ Course Title | Date(s) | Types of Training (PLC, Conference, PD Day, etc.) | Contact Hours |
| --- | --- | --- | --- |
|  |   |   |   |
|   |   |   |   |
|  |  |  |  |
|   |   |   |   |
|  |  |  |  |
|   |   |   |   |
|  |  |  |  |
| **Total Hours** |  |

**Mentoring Hours Year 2**

Inductees are required to complete a minimum of 15 mentoring hours during year 2.

| **Date** | **Time** | **Topics Discussed** | **Hours** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  **Total Hours** |  |

**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:** *This section to be completed by the professional learning team during induction end of year meetings* | 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. BCBAs 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.*