TIU-33

**Checklist of Activities Completed by the Inductee**

Inductee should complete this checklist and submit it to the Induction Program Coordinator, Dr. Brett Gilliland, by the end of the school year.

Yes No 1. You attended the Mentor/Induction Program training meeting at the start of your employment.

Yes No 2. You attended the Teacher Orientation (In-service) meeting at the start of your employment.

Yes No 3. You were assigned a mentor teacher for this school year.

Yes No 4. You completed a Teacher Inductee Needs Assessment during the first two weeks of your

 Induction program and presented it to your mentor teacher for discussion.

Yes No 5. Did the mentor teacher meet with you once each week for the first eight weeks of your

 employment?

Yes No 6. Did the mentor teacher contact/meet with you periodically throughout the school year; at least

 Once per month after the first eight weeks of school?

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Yes No 7. Did you meet with your Program Level Induction Team (Supervisor/Principal, mentor teacher

 And yourself) as needed throughout the year?

Yes No 8. Did you help to develop a log of activities with your mentor teacher?

Yes No 9. Have you retained the log of activities in your possession?

Yes No 10. Did you complete the Teacher Induction Program Assessment for by the end of your induction

 Program year and submit it to the Induction Program Coordinator?

**Required Signatures**

Inductee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Induction Program Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* The signatures of the Induction Program Coordinator and the Executive Director indicate that the Teacher Inductee has completed the Teacher Induction Program at Tuscarora Intermediate Unit 11.

This form will be kept in the employee’s personnel file as proof of having completed the Teacher Induction Program at Tuscarora Intermediate Unit 11.