MENTOR LOG		
School	School Year	
The Mentor Log mu	ist be filled out neatly in blue or black ink.	
Name of Mentor	Name of Induction Teacher	
1. Classroom observations of	of beginning teacher	
Date:	Length of time:	
General Observations/Follow up	:	-
	Length of time:	_
General Observations/Follow up):	_
Date:	Length of time:	
General Observations/Follow up):	- -
Date:	Length of time:	_
General Observations/Follow up):	- -
Date	Length of time:	

General Observations/Follow up:

Date: _____ Length of time: _____

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General Observations/Follow up:		
Date: Length of time:		
General Observations/Follow up:		
Other observations, etc.		
2. Review of long-range plans		
Date:		
General Observations/Follow up:		
Other assistance with long-range planning:		
3. Review of weekly lesson plans		
Date:		
General Observations/Follow up:		
Date:		
General Observations/Follow up:		

Date:
General Observations/Follow up:
Date:
General Observations/Follow up:
Other assistance with weekly lesson plans:
4. Review of Unit Work Sample
Data
Date:
General Observations/Follow up:
General Observations/1 onlow up.
Data
Date:
General Observations/Follow up:
General observations/Follow up:
Other assistance with assessments:

5. Conferences with beginning teachers:

Note by an asterisk the 4 dates on which the Collaborative Assessment Log was used.

Date:
Notes/Follow up:
Date:
Notes/Follow up:
Date:
Notes/Follow up:
Date:
Notes/Follow up:
Date:
Notes/Follow up:
Data

Notes/Follow up:		
Other assistance:		
6. Assistance with beginning teachers' observations of other teachers		
Signature of Mentor	Date:	
Signature of Principal	Date:	

Please return completed log to Office of Evaluation by April 30, 2015. This documentation will be used to calculate your stipend for serving as a mentor.