

Induction Program Record (District PreK-12)

Inductee: _____ Mentor: _____

A. Activities to be completed by inductee:

Activity	Signature of Mentor/Administrator/Induction Council Representative/IU Representative
1. Attend district orientation	
2. Attend scheduled IU Workshops	
a. August Orientation Day 1	
b. August Orientation Day 2	
c. My Role Special Education	
d. Data Informed Decision Making	
e. Diverse Learner Strategies	
f. Technology Integration	
3. Meet with mentor on a regular basis	
4. Complete and submit Program Record	
5. Complete and submit Program Evaluation	
6. Complete and submit Needs Assessment	

**Mentor and Inductee are expected to discuss each area listed below in context of current position as well as possible future positions. Mentor should initial/date as each topic listed below is covered in planned meetings.

DATE	TOPIC	DATE	TOPIC
_____	Discipline	_____	Textbook/Resource Materials
_____	Classroom Management	_____	Community Resources
_____	Corporal Punishment	_____	Field Trip Procedures
_____	Student Rights & Responsibilities	_____	Library Services
_____	Grading	_____	Pupil Support Services
_____	Retention	_____	a. guidance
_____	Homework Policy	_____	b. nurse
_____	Teacher Handbook	_____	c. home/school visitor
_____	Student Handbook	_____	d. psychologist
_____	Confidentiality	_____	e. referral services
_____	Chain of Command	_____	f. special education services
_____	Materials Acquisition & Requisition Procedures	_____	g. ESL
_____	Attendance Procedures	_____	Federal Programs
_____	Schedule	_____	i.e. Title I, II, III
_____	Extra Duties	_____	PA Core Standards
_____	School Safety	_____	Standardized Tests
_____	School Closings	_____	Assessment Analysis
_____	Record Keeping	_____	Schuylkill Technology Center Program
_____	Home/School Communications Procedures	_____	Enrichment/Gifted Program
_____	Conference Procedures	_____	Transportation
_____	Internal Communications	_____	Code of Professional Practice and Conduct for Educators
_____	Distance Learning	_____	Certification/Contractual Information
_____	Curriculum Development	_____	Others Unique or Appropriate to the District
	a. procedure		
	b. planned		

The signatures below certify that the above named inductee has completed the requirements of the Induction Program.

District Name _____ Mentor _____

Supervisor/Principal _____ Date _____

Superintendent _____ Date _____