

Induction Program Record (Early Intervention/PreK Counts)

Inductee: _____

Mentor: _____

A. Activities to be completed by inductee:

Activity	Signature of Mentor/Administrator/Induction Council Representative/IU Representative
1. Attend Program Orientation	
2. Attend scheduled IU Workshops	
a. August Orientation Day 1	
b. August Orientation Day 2	
c. My Role in Special Education	
d. Data Informed Decision Making	
e. Diverse Learner Strategies	
f. Technology Integration	
3. Meet with mentor on a regular basis	
3. Complete and submit Program Record	
4. Complete and submit Program Evaluation	
5. 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
_____	At Home Activities/Family Involvement	_____	Field Trip Procedures
_____	Employee Handbook	_____	Library Services
_____	Family Handbook	_____	Pupil Support Services
_____	Confidentiality	_____	a. referrals
_____	Code of Employer/Employee Relations	_____	b. mental health
_____	Materials Acquisition & Requisition Procedures	_____	Federal Programs
_____	Attendance Procedures: Staff/Children	_____	i.e. Title I, II, III
_____	Daily and Work Schedules	_____	PA Early Childhood Education Standards
_____	Extra Duties	_____	Assessment Analysis
_____	School Safety: Bus, Pedestrian, First Aid, Emergency Plan	_____	a. Ages & Stages
_____	School Closings	_____	b. Work Sampling
_____	Record Keeping	_____	c. OUNCE
_____	Home/School Communications Procedures	_____	Transportation
_____	Conference Procedures	_____	Code of Professional Practice and Conduct for Educators
		_____	Certification/Contractual Information
		_____	Curriculum Development
		_____	Internal Communications
		_____	Professional Development
		_____	Others Unique or Appropriate to the organization

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

School District/Organization Name _____

Supervisor/Principal _____ Date _____

Superintendent/CEO _____ Date _____