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**RECORD OF INTERACTIONS FORM: QUARTER 4**

**Mentee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* \* \***

**Record mentor interactions on the chart below with a brief description of each session.**

**This document is to be submitted in word format only. No handwritten forms.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record of Interaction**  **(Requirement for Year: 18 hours minimum)** | | | | |
| **Date** | **Start Time** | **End Time** | | **Description** |
|  |  |  | | Conduct ongoing discussions regarding strategies to build a relationship culture with students, parents, and colleagues. |
|  |  |  | | End of Year procedures |
|  |  |  | | Discuss and share examples of tiered interventions |
|  |  |  | | Conduct a search of effective classroom management strategies. Develop a classroom management plan. Submit classroom management Plan. |
|  |  |  | | Attend collaborative mentor training session, check mentee progress with documentation, and establish timeline for completion. |
| **List Other Interactions** | | | | |
| **Date** | **Start Time** | | **End Time** | **Description** |
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| **Total Interaction Time:** | | | | |

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**Teacher’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor’s Signature Date**