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**RECORD OF INTERACTIONS FORM: QUARTER 1**

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

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

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**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** |
|  |  |  | Schedule and conduct initial meeting to tour building, discuss procedures and provide general orientation to school, including community characteristics |
|  |  |  | Conduct (1) classroom observations: (1) mentor |
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|  |  |  | Collaborate with mentee to locate, review and utilize curriculum guides, assessment expectations and supporting documents/resources in order to develop and understanding of units of study, essential questions and essential learning standards and all related acronyms. |
|  |  |  | Discuss professional growth tools related to MEES. (See artifacts in Toolbox) |
|  |  |  | Conduct a search of effective classroom management strategies. Develop a classroom management plan. Submit classroom management Plan. |
|  |  |  | Assist with the development of Individualized Professional Development Plan |
|  |  |  | Plan for Back to School Night |
|  |  |  | Review Board Policies on Technology and Staff Conduct |
| **List Other Interactions** | | | |
| **Date** | **Start Time** | **End Time** | **Description** |
|  |  |  |  |
|  |  |  |  |
| **Total Contact Hours** |  |  |  |

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**Teacher’s Signature Date**

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

**Mentor’s Signature Date**