**RECORD OF INTERACTIONS FORM: QUARTER 1**

**Mentee’s Name and Building:**

**Mentor’s Name and Building:**

Click here to enter text.

Click here to enter text.

**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** | | | |
| **Date** | **Start Time** | **End Time** | **Description** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Schedule and conduct initial meeting to tour building, discuss procedures and provide general orientation to school, including community characteristics |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Conduct (1) classroom observations: (1) mentor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Conduct (1) classroom observations: (1) mentor |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | 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. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Discuss professional growth tools related to MEES. (See artifacts in Toolbox) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Conduct a search of effective classroom management strategies. Develop a classroom management plan. Submit classroom management Plan. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Assist with the development of Individualized Professional Development Plan |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Plan for Back to School Night |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Review Board Policies on Technology and Staff Conduct |
| **List Other Interactions** | | | |
| **Date** | **Start Time** | **End Time** | **Description** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Contact Hours** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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**Teacher’s Signature Date**

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

**Mentor’s Signature Date**

**Complete this form, print and sign using blue or black ink only.**