Click here to enter text.



**Mentee’s Name and Building:**

**Mentor’s Name and Building:**

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. | Conduct ongoing discussions regarding strategies to build a relationship culture with students, parents, and colleagues. |
| 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. | Conduct ongoing discussions regarding strategies to build a relationship culture with students, parents and colleagues. Emphasize student engagement techniques. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Discuss and share examples of tiered interventions |
| 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. | Attend collaborative mentor training session, check mentee progress with documentation, and establish timeline for completion. |
| **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. |
| 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. |
| 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 Interaction Time:** Click here to enter text. |

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

**Teacher’s Signature Date**

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

**Mentor’s Signature Date**