TEAM BEGINNING TEACHER SUPPORT PLAN

Name of Beginning Teacher:_____

School/District:_____

Subject Area(s)/Grade level(s):_____

Name of Mentor:_____

Anticipated timeline of participation:

TEAM “Entry Date: September 1, 20_____ or February 15, 20_____

Module(s) that will be completed in the 2025-2026 school year: _____

Module(s) that will be completed in the 2026-2027 school year:_____

Please indicate below if it is anticipated that a third year will be needed due to any extenuating circumstances, such as a planned leave of absence (i.e., maternity leave, planned medical leave, mid-year hire, etc.).

_____

_____

_____

_____

Signature of Beginning Teacher Date

_____ _____

Signature of Mentor Date

_____ _____

Please submit this plan to the Assistant Superintendent within one month of your entry date in the classroom.