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 c	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 circumstances, such as a planned leave of ab mid-year hire, etc.).	sence (i.e., maternity	leave, planned medical leave
Signature of Beginning Teacher	Date	
Signature of Mentor	Date	
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Please submit this plan to the Assistant Superintendent within one month of your entry date in the classroom.