

Human Resources Induction Year 1

Candidate Competency

Participating Teacher:		School:			Grade:		
Support Provider:		Meeting Day:	Meeting Day: Time:				
CONTEXT FOR TEACHING							
ACTIVITY	EVI	DENCE	No Evidence	Minimal Evidence	Sufficient Evidence	Extensive Evidence	Not Applicable
A. SP Observation	Notes						
B. PT Observation	Notes						
C. Seating Chart	Seating Chart						
D. Reflection #1	Reflection #1						
Part: 4 Inquiry Focus	Focus Question Growth Goals	& Professional					
CSTP 1	Continuum of Te	eaching Practice					
CSTP 2	Continuum of Te	eaching Practice					
CSTP 3	Continuum of Te	eaching Practice					
CSTP 4	Continuum of Te	eaching Practice					
CSTP 5	Continuum of Te	eaching Practice					
CSTP 6	Continuum of Te	eaching Practice					
Comments: SP Typed Observation of PT							
How has your work in Induction, specifically after you completed the self-assessment, observations, and all six CSTPS, impacted student achievement?							
Advisement Meetings							
Initial Date	e/Reviewer:	Revisit Date/F	Reviewer:	Revisit Dat	e/Reviewer:	Completion D	ate/Reviewer:



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INQUIRY #1						
ACTIVITY		EVIDENCE	No Evidence	Minimal Evidence	Sufficient Evidence	Extensive Evidence
Part: 5	Focus Ques	tion, Standards, & Objective				
Part: 6	Entry-Level	Assessment 1 Blank Copy				
Part: 6 Focus Student Selection	Focus Stud Part 1	ent Selection Plan of Diverse Learners				
Part: 6 Scoring Guide	Scoring Gui	de Blank Copy				
Part: 7	Action Plan					
Part: 8 Lesson Plan	Lesson Plar	n Template for Observation				
Part: 8 Observation	Observation	n Notes				
Part: 8 Seating Chart	Seating Cha	art Notes				
Part: 8 Seatwork	Blank Seat	work				
Part: 8 Seatwork	Completed	Seatwork				
Part: 9 Results	Assessmen	t 2 Blank Copy				
Part: 9 Assessment 2 Reflection	Reflection o	of Diverse Learners Part 2				
Part: 9 Scoring Guide	Scoring Gui	de Blank Copy				
Part: 10 Reflection	Reflect & A	pply				
Comments:						
How has your work in Induction, specifically after completing Inquiry #1 impacted student achievement?						
Advisement Meetings						
Initial Date/Reviewer: Revisit Date/		Revisit Date/Reviewer:	Revisit	Date/Reviewer	Completic	on Date/Reviewer:



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Support Provider:	יו	Meeting Day:	Time:				
INQUIRY #2							
ACTIVITY	EVIDENCE	No Evidence	Minimal Evidence	Sufficient Evidence	Extensive Evidence		
Part: 5	Focus Question, Standards, & Objective						
Part: 6	Entry-Level Assessment 1 Blank Copy						
Part: 6 Focus Student Selection	Focus Student Selection Plan of Diverse Learners Part 1						
Part: 6 Scoring Guide	Scoring Guide Blank Copy						
Part: 7	Action Plan						
Part: 8 Lesson Plan	Lesson Plan Template for Observation						
Part: 8 Observation	Observation Notes						
Part: 8 Seating Chart	Seating Chart Notes						
Part: 8 Seatwork	Blank Seatwork						
Part: 8 Seatwork	Completed Seatwork						
Part: 9 Results	Assessment 2 Blank Copy						
Part: 9 Assessment 2 Reflection	Reflection of Diverse Learners Part 2						
Part: 9 Scoring Guide	Scoring Guide Blank Copy						
Part: 10 Reflection	Reflect & Apply						
Comments:	Comments:						
How has your work in Induction, specifically after completing Inquiry #2 impacted student achievement?							

Advisement Meetings				
Initial Date/Reviewer:	Revisit Date/Reviewer:	Revisit Date/Reviewer:	Completion Date/Reviewer:	



Participating Teacher:

Support Provider:

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Meeting Day:

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School:	Grade:

Time:

SUMMARY OF TEACHING/MEMORY BOOK						
ACTIVITY	EVIDENCE	No Evidence	Minimal Evidence	Sufficient Evidence	Extensive Evidence	
Toolbox	Digital Memory Book					
Toolbox	Reflection on Teaching Practices #2					
CSTP 1	Continuum of Teaching Practice					
CSTP 2	Continuum of Teaching Practice					
CSTP 3	Continuum of Teaching Practice					
CSTP 4	Continuum of Teaching Practice					
CSTP 5	Continuum of Teaching Practice					
CSTP 6	Continuum of Teaching Practice					
Comments:						

Advisement Meetings				
Initial Date/Reviewer:	Revisit Date/Reviewer:	Revisit Date/Reviewer:	Completion Date/Reviewer:	



□ FALL Triad Meeting

● □ Advisement #1

Comments:

□ SPRING Triad Meeting

□ Advisement #2

Human Resources

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Participating Teacher:	School:	Grade:			
Support Provider:	Meeting Day: Time:				
Year 1 DOCUMENTATION					
EVIDENCE	No Evidence	Evidence Complete			
Memorandum of Understanding (MOU)					
Induction Meeting Log					
Induction Online Mid-Year/EOY Surveys					
Monthly Accountability Logs					
Fall TRIAD Form					
Spring TRIAD Form					
Collaborations Attendance: Induction Orientation Induction Collaboration #1 Induction Collaboration #2 Induction Collaboration #3 Induction Collaboration #4 Induction Collaboration #5					

Induction Year 1 Verification of Completion	
I have reviewed all ILPs and documentation required for Induction Year 1, and verify that all items have been completed satisfactorily.	Year 1 Completion Date:
Susan Kelleher Holtz, Curriculum Specialist, Induction	

□ Advisement #3

□ Advisement #4