

Name: _____

School: _____

MENTOR TIME SHEET 2015-2016: THIRD QUARTER

Please be sure to record at least 40 minutes of mentoring activities each week. For each activity you engage in with your mentee, document the activity using this form. Please explain thoroughly the activities completed with the mentee in the space provided.

Activity	Date(s)	Time spent	Comments / Explanation
Instructional Planning / Design			
___ Daily lesson planning			
___ Long-range planning / pacing			
___ Aligning instruction and assessment with the essential curriculum			
___ Lesson openers / closure			
___ Cooperative learning strategies			
___ Using hands-on activities			
___ Technology-based lessons			
___ Other: _____			
Meeting Individual Student Needs			
___ Planning/implementing differentiated instruction			
___ Addressing the needs of students with various learning styles			
___ Use of assessment data to improve and individualize instruction			
___ Other: _____			
Classroom Management			
___ Disciplining with dignity			
___ Addressing specific student behaviors			
___ Effective time management			
___ Increasing class participation			
___ Promoting equitable class participation			
___ Other: _____			
Parent Communication			
___ Communicating with parents			
___ Preparing for parent / teacher conferences			
___ Other: _____			

Assessment			
<input type="checkbox"/> Questioning techniques			
<input type="checkbox"/> Alternative & authentic assessments			
<input type="checkbox"/> Self-evaluation/reflection by students			
<input type="checkbox"/> Discussing assessment / grading practices			
<input type="checkbox"/> Preparing for local & state assessments			
<input type="checkbox"/> Other: _____			
Administrative Duties / Organization			
<input type="checkbox"/> Understanding administrative policies			
<input type="checkbox"/> Completing administrative paperwork			
<input type="checkbox"/> Preparing for administrative observations			
<input type="checkbox"/> Organizing files & materials			
<input type="checkbox"/> Preparing for end of semester / year			
<input type="checkbox"/> Other: _____			
Classroom Visitations			
<input type="checkbox"/> Pre-visit conference			
<input type="checkbox"/> Classroom visitation of mentee by mentor			
<input type="checkbox"/> Classroom visitation of mentor by mentee			
<input type="checkbox"/> Post-visit conference			
<input type="checkbox"/> Other: _____			
Promoting Personal Growth			
<input type="checkbox"/> Self-evaluation and reflection by mentee			
<input type="checkbox"/> Collaborative teaching opportunities			
<input type="checkbox"/> Professional development (resources)			
<input type="checkbox"/> Other: _____			
TOTAL TIME (MIN. 40 MINUTES PER WEEK)			
Mentor's Signature : _____ Emp. Badge # _____ Date: _____			
Mentee's Signature: _____ Date: _____			
Please return to Glenna Wiles at the BOE no later than , 2016! Thank you!			