

**MENTOR LOG**

**2016-2017**

◻ September ◻ October ◻ November ◻ December ◻ January ◻ February ◻ March ◻ April ◻ May

\*Complete a separate log for each Candidate you serve. Complete a separate log for Mentor trainings/meetings.

**\*Submit completed logs to Stephanie at** **Koenen\_Stephanie@lacoe.edu** **by the 20th of each month.**

\*If you will be working with your Induction Candidate more than 4 times in a month, please be sure to have these hours approved prior to your meetings. Failure to do so may result in the inability to be remunerated for this time.

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| MENTOR: | LACOE Induction Program | District: |
| Name of Candidate: | School: |
| Date | Start Time | Visitation Code  | Visitation Comments | CSTP Focus |
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| Mentor or induction candidate comments on progress of formative assessment and professional growth activities: |
| **Visitation Codes:** |
| **ASW** - Analyze Student Work**BTSN** - Back to School Night**CAL** - Collaborative Assessment Log**CTP** - Co-Assessment on the Continuum of Teacher Practice**CP** – Class Profile | **EL** - Supporting English Learners**FC** – Family Communication**IG** – Instructional Groups**ILP** - Individual Learning Plan**KS** – Knowing Students Academically | **LP** - Lesson Plans**MC** - Mediating Conflict**MM** - Monthly Mentor Meeting**MNF -** Mentor Networking Forum**MT** - Mentor Training | **O** – Other**Obs** - Observation**OH** - Open House**PC** - Parent Conferences**PD** - Professional Development Reflections Log**SP** – Supporting Special Populations  | **SR** – School & Community Resources**SS** – School Safety Plan**TM** –Triad Meeting**VTO** - Veteran Teacher Observation |
| *Signature below verifies that the induction candidate is receiving a minimum of 4 hours of support each month from the mentor.* |
| *Mentor Signature: Date* | *Induction Candidate Signature: Date* |

*Original program documents are given to the induction candidate. Mentor should keep a copy of all program documents.* 