

SPARTANBURG COUNTY SCHOOL DISTRICT FOUR
New Teacher Induction Program

End-of-Year Summary

| | | | |
|--------|-------------|--|--|
| Name | | | |
| School | School Year | | |

| | Assistance Team Members: Administrator | Mentor | (Check One) | YES | NO |
|-------|-----------------------------------------------------------------------------------------------------------------|--------|-------------|--------------------------|--------------------------|
| I. | Induction Program | | | | |
| | District Orientation | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | School Orientation | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Explanation of ADEPT System | | | <input type="checkbox"/> | <input type="checkbox"/> |
| II. | Assistance Team Assigned to Teacher | | | | |
| | Administrator | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mentor | | | <input type="checkbox"/> | <input type="checkbox"/> |
| III. | Observations/Conferences with Team Members | | | | |
| | At least twice a month with Mentor | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | At least once per month from Administrator(s) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. | Observations/Consultations with Peers | | | <input type="checkbox"/> | <input type="checkbox"/> |
| V. | Induction Class Monthly Meetings (Met course requirements for passing grade as well as attendance requirements) | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VI. | ADEPT Dimension Feedback prior to the end of 1 st Semester | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VII. | ADEPT Dimension Feedback during 2 nd Semester | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VIII. | Teacher Performance: | | | | |
| IX. | Recommendations: | | | | |

Contract Renewal: YES NO Level _____

Contract Contingency (if applicable): _____

Teacher's Signature

Principal's Signature

Mentor's Signature

Other Assistance Team Member (If Applicable)

Date