# **APPENDICES**

Documentation of induction plan completion to be submitted to the Diocese Office of Education, and maintained in the Inductee’s personnel file, for final submission to Pennsylvania Department of Education to obtain Level II certification.

APPENDICES:

APPENDIX A INITIAL/CONTINUING NEEDS ASSESSMENT CHECKLIST FOR OCTOBER

APPENDIX B INDUCTEE/MENTOR JOURNAL

APPENDIX C INDUCTEE EVALUATION

APPENDIX D ANNUAL EVALUATION OF INDUCTION PLAN

APPENDIX E INDUCTEE SUMMARY SHEET

APPENDIX A

**INDUCTEE:**

**INITIAL/CONTINUING NEEDS ASSESSMENT CHECKLIST FOR** **OCTOBER**

The "Needs Assessment Checklist" should be completed for the first time by the Inductee during the first week of **October**. It will also be completed in January and April. Dates should be entered into each box to indicate the appropriate ranking on that date. Copies should also be maintained by the Mentor and the Principal. This assessment should be used in determining professional development activities for the first semester.

***Check the appropriate number:***

1 = Low: “This topic is a low area of relevance or interest for me in the present semester.”

2 = Question: “I have some questions I want to ask about this topic.”

3 = Adequate: “I believe I currently have adequate mastery of this topic for the semester.”

4 = Strong: “This topic is a strong area of interest or need for me in the present semester.”

***I. ORIENTATIONAL NEEDS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| Can explain Diocesan, State, and local school policies, procedures and regulations (cf. Diocesan Teacher's Handbook, Crisis Manual, School Handbook) |  |  |  |  |
| Can explain salary policy and personal benefits |  |  |  |  |
| Can explain local school management and support services |  |  |  |  |
| Can explain the concept of the school as a faith community |  |  |  |  |
| Can explain school routine and scheduling |  |  |  |  |
| Gives evidence of accountability to students, teachers, parents, self |  |  |  |  |
| Employs professionalism in dealing with students, faculty, and parents |  |  |  |  |
| Observes procedures for ordering materials, use of equipment, field trips, parent conferences, failure notices, etc. |  |  |  |  |
| Can explain school's method of supervision and evaluation of educators |  |  |  |  |
| Gives witness to the responsibilities of a Catholic educator |  |  |  |  |
| Attends faculty meetings and meets faculty/staff responsibilities |  |  |  |  |
| Meets department responsibilities |  |  |  |  |
| Meets parent/teacher responsibilities |  |  |  |  |
| Assumes extracurricular responsibilities/supports students by attendance |  |  |  |  |
| Manages classroom or work space and keeps effective records -- mark book, roll slips, report cards, planbook, meeting logs, appropriate reports, etc. |  |  |  |  |
| Supports local and diocesan school philosophy and school Mission Statement |  |  |  |  |
| Maintains professional personal appearance in dress and demeanor |  |  |  |  |
| Maintains classroom or work space atmosphere conducive to learning and support |  |  |  |  |
| Employs remediation or preventative techniques |  |  |  |  |

***Check the appropriate number:***

1 = Low: “This topic is a low area of relevance or interest for me in the present semester.”

2 = Question: “I have some questions I want to ask about this topic.”

3 = Adequate: “I believe I currently have adequate mastery of this topic for the semester.”

4 = Strong: “This topic is a strong area of interest or need for me in the present semester.”

***I. ORIENTATIONAL NEEDS (continued)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| Can indicate guidance/counseling services available for the students |  |  |  |  |
| Understands function of Instructional Support Team |  |  |  |  |
| Aware of Community resources |  |  |  |  |
| Aware of available appropriate media resources |  |  |  |  |
| Aware of school library services |  |  |  |  |
| Uses Health Services |  |  |  |  |
| Is pursuing catechist certification |  |  |  |  |
| Is pursuing a graduate degree |  |  |  |  |
| Is pursuing course work for permanent certification |  |  |  |  |

***II. INSTRUCTIONAL NEEDS ASSESSMENT***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Classroom or Work Space Management | 1 | 2 | 3 | 4 |
| Prepares appropriate plans |  |  |  |  |
| Determines effectiveness of various styles of instruction |  |  |  |  |
| Effectively evaluates student progress (e.g. marks, grades, student's work) |  |  |  |  |
| Employs Christian approaches to discipline |  |  |  |  |
| Integrates curriculum guides with textbooks |  |  |  |  |
| Manages classroom or work space time and space effectively |  |  |  |  |
| Uses teacher-made assessments for remediation |  |  |  |  |
| Uses teacher-made assessments and results for evaluation |  |  |  |  |
| Plans instruction effectively |  |  |  |  |
| Uses materials and supplies effectively |  |  |  |  |
| Sets goals and objectives |  |  |  |  |
| Controls factors influencing teaching/learning |  |  |  |  |
| Understands school climate research and its impact upon student behavior, attendance, engagement and achievement |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. Instructional Delivery Skills | 1 | 2 | 3 | 4 |
| Interacts with students in a Christian manner |  |  |  |  |
| Employs various styles of instruction or work related skills |  |  |  |  |
| ***Check the appropriate number:***  1 = Low: “This topic is a low area of relevance or interest for me in the present semester.”  2 = Question: “I have some questions I want to ask about this topic.”  3 = Adequate: “I believe I currently have adequate mastery of this topic for the semester.”  4 = Strong: “This topic is a strong area of interest or need for me in the present semester.” | | | | | |  |  |  |  |
| B. Instructional Delivery Skills *(continued)* | 1 | 2 | 3 | 4 |
| Attempts to address varying learning styles of students |  |  |  |  |
| Uses multi-media/technology in teaching |  |  |  |  |
| Manages classroom or work space effectively |  |  |  |  |
| Can set instructional goals and expectations |  |  |  |  |
| Paces instruction |  |  |  |  |
| Constructs tests or the development of appropriate skills effectively |  |  |  |  |
| Uses various means of formative and summative assessments |  |  |  |  |
| Uses independent activities effectively |  |  |  |  |
| Can recognize and provide for individual differences in an inclusive setting |  |  |  |  |
| Is aware of supportive and disruptive factors in classroom or work space |  |  |  |  |
| Uses a variety of questioning techniques |  |  |  |  |
| Uses cooperative learning and flexible grouping |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. School/Community Relations | 1 | 2 | 3 | 4 |
| Understands the role of the family/community in the educational process |  |  |  |  |
| Consults with others to improve |  |  |  |  |
| Understands multi-cultural issues of the school community |  |  |  |  |
| Uses effective parent conferencing skills |  |  |  |  |
| Communicates effectively with students, parents, colleagues, and administration |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D. Professional Growth | 1 | 2 | 3 | 4 |
| Takes advantage of personal professional growth opportunities |  |  |  |  |
| Participates in faculty meetings, in-service and department/curriculum meetings |  |  |  |  |

**COPIES SHOULD BE MAINTAINED BY THE INDUCTEE, THE MENTOR, AND THE PRINCIPAL WHEN COMPLETED WITH RATINGS FOR OCTOBER, JANUARY, AND APRIL.**

## APPENDIX B

**INDUCTEE/MENTOR JOURNAL**

*Instructions*:  Please log each session with your mentor and observations of other teachers.  Submit this form to your Principal along with final paperwork to complete Induction in April.  Please keep a record for yourself as well.

\*Provided as an interactive google or word doc for digital completion.

Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mentor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inductee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Inductee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time**  **From:   To:** | **Activities/Observations** | **Total Time** |
|  |  |  |  |
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APPENDIX C

**Inductee’s Name:**

**DIOCESE OF ALLENTOWN INDUCTION PLAN**

**INDUCTEE EVALUATION**

**FIRST SEMESTER DUE JANUARY 15th** DATE:

(This evaluation is based upon formal and informal [minimum twice a month] classroom or work space supervision on the part of the principal or administrator for the inductee. Respond to each of the statements below by checking the box that most closely corresponds to your observation.)

***Check the appropriate response:***

**HE – Highly Effective SE – Somewhat Effective**

**E – Effective NE – Not Effective**

***I. PHILOSOPHY AND GOALS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Fosters a Catholic atmosphere in the classroom or area of responsibility |  |  |  |  |
| Fosters a Community of Faith |  |  |  |  |
| Demonstrates Christian values and principles |  |  |  |  |
| Observes the Diocesan and local parish school policies and guidelines |  |  |  |  |

***II. PLANNING AND ORGANIZATIONAL SKILLS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Demonstrates preparation and planning for the responsible area of work |  |  |  |  |
| Develops an effective plan incorporating goals and objectives in the plan |  |  |  |  |
| Manages classroom or work space time efficiently |  |  |  |  |

***III. INSTRUCTIONAL SKILLS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Creates an atmosphere of mutual respect between the student and the educator |  |  |  |  |
| Speaks, articulates, and writes clearly |  |  |  |  |
| Demonstrates knowledge of subject matter |  |  |  |  |
| Employs lesson content that is appropriate to the ability level of the students |  |  |  |  |
| Uses a variety of instructional techniques and materials for the diverse needs |  |  |  |  |
| Executes lesson based on sound pedagogical research and procedures |  |  |  |  |
| Opening, development, and closure sequence |  |  |  |  |
| Asks open-ended questions and utilizes open-ended tasks |  |  |  |  |

***Check the appropriate response:***

**HE – Highly Effective SE – Somewhat Effective**

**E – Effective NE – Not Effective**

***III. INSTRUCTIONAL SKILLS (continued)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Monitors student progress and uses feedback information appropriately |  |  |  |  |
| Develops appropriate assignments of different types of learners |  |  |  |  |
| Facilitates student involvement and needs to insure inclusivity |  |  |  |  |

***IV. CLASSROOM MANAGEMENT SKILLS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Sets standards of behavior which are reasonable and fair |  |  |  |  |
| Has clearly defined expectations for students and communicates these effectively to the students |  |  |  |  |
| Reinforces positive behavior with students and helps the students develop positive self-concepts |  |  |  |  |
| Has a good rapport with the students |  |  |  |  |
| Maintains a safe, orderly environment both in and out of the classroom or work space |  |  |  |  |
| Handles inappropriate behavior on an individual basis |  |  |  |  |

***V. PERSONAL AND PROFESSIONAL QUALITIES***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **HE** | **E** | **SE** | **NE** |
| Works cooperatively with all school personnel |  |  |  |  |
| Uses discretion in public when speaking about the school, the school staff, and the students |  |  |  |  |
| Maintains confidentiality where necessary |  |  |  |  |
| Initiates and maintains adequate and proper communication with parents/guardians |  |  |  |  |
| Maintains communication with mentor, coordinators, and administrators |  |  |  |  |
| Maintains professional appearance in dress and demeanor. |  |  |  |  |

**SUMMARY SHEET**

*Dates of Formal and Informal Classroom/Work Space Visits*

**(Please indicate "F" for Formal and "I" for Informal)**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

*COMMENDATIONS:*

1.

2.

3.

*RECOMMENDATIONS:*

1.

2.

3.

*GENERAL ASSESSMENT OF INDUCTEE'S PERFORMANCE:*

GOOD 🞎 NEEDS IMPROVEMENT 🞎 UNSATISFACTORY 🞎

Signature of Administrator: Date:

Signature of Inductee: Date:

**PRINCIPAL, PLEASE SUBMIT TO THE DIOCESAN OFFICE OF EDUCATION NO LATER THAN APRIL 30; COMPLETE OBSERVATION BY JANUARY 15.**

## APPENDIX D

ANNUAL EVALUATION OF INDUCTION PLAN

***INDUCTEES***

1. Did this program provide the support that you needed to make a smooth transition to a Catholic School within the Diocese of Allentown? Explain.

2. To what extent were the following objectives met by the plan?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Effective | Somewhat Effective | Not Effective |
| Provided orientation to Diocesan and State policies and procedures |  |  |  |
| Provided orientation to local school policies and procedures |  |  |  |
| Provided a support system for the inductee through use of a mentor |  |  |  |
| Provided training in instructional or work related skills (lesson planning, teaching strategies, etc.) |  |  |  |
| Provided orientation pertaining to curriculum/standards, classroom management, and organization |  |  |  |
| Provided assistance in developing good relationships with the school community |  |  |  |
| Provided opportunities which enhanced my professional education |  |  |  |

3. Please provide any suggestions for improvement or other comments you wish to make about the Induction Plan.

Date: Submitted by: Inductee's signature

Reviewed by:

Mentor's signature

Principal's signature

School

City or Town

**INDUCTEE, PLEASE COMPLETE.**

**PRINCIPAL, PLEASE FORWARD NO LATER THAN APRIL 3O TO THE OFFICE OF EDUCATION.**

## APPENDIX E

**DIOCESE OF ALLENTOWN**

**OFFICE OF CATHOLIC EDUCATION**

**INDUCTEE SUMMARY SHEET**

DIRECTIONS: Type and send to the Office of Education by April 30.

Inductee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Orientation to Induction Process:

Diocesan (New Teacher Orientation) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local (Overview at School) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Induction In-Services (Minimum of Four related to teaching, no Religion In-services on this form, may not include New Teacher Orientation Day)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Meetings with Mentor/Support Teacher (Minimum of nine meetings)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Initial/Continuing Needs Assessment (Appendix A) Completed by Mentor/Support Teacher and Inductee.

October date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ January date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ April date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hereby certify that the above named inductee has met all requirements of the Induction Program.

Support Teacher’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_