



Hanford Elementary School District

Induction Program

Debra Colvard, Director

Induction Mentor Feedback

Mentor: _____ **Date:** _____

Start Time: _____ **End Time:** _____

Induction Mentor Feedback	Beginning/ Emerging	Applying	Integrating/ Innovating
Standard:	1	2	3
Evidence:			
Feedback:			
Next Steps:			
Standard:	1	2	3
Evidence:			
Feedback:			
Next Steps:			



Hanford Elementary School District

Induction Program

Standard:	1	2	3
Evidence:			
Feedback:			
Next Steps:			

Notes (please attach more pages if necessary)

Date: _____ **Director:** _____

Date: _____ **Mentor:** _____