

Induction Program Record (Early Intervention/PreK Counts)

Inductee: _____ Mentor: _____

A. Activities to be completed by inductee:

Activity	Signature of Mentor/Administrator/Induction Council Representative/IU Representative
1. Attend district orientation	
2. Attend scheduled IU Workshops	
a. August Orientation Day 1-Year 1	
b. August Orientation Day 2 – Year 1	
c. IEPs and Special Education – Year 1	
d. Professional Ethics – Year 1	
e. Diverse Learner Strategies and Cultural Awareness – Year 1	
f. Technological and Virtual Engagement – Year 1	
3. Meet with mentor on a regular basis	
4. Attend Year 2 Meetings	
a. Summer/Fall Meeting – Year 2	
b. Winter Meeting – Year 2	
c. Spring Meeting – Year 2	
4. Complete and submit Program Record	
5. Complete and submit Program Evaluation	
6. Complete and submit Needs Assessment	

****Mentor and Inductee are expected to discuss each area listed below in context of current position as well as possible future positions. Mentor should initial/date as each topic listed below is covered in planned meetings.**

Early Intervention/Pre-K Counts:

<p>DATE TOPIC</p> <p>_____ Discipline</p> <p>_____ Classroom Management</p> <p>_____ De-escalation Techniques</p> <p>_____ At Home Activities/Family Involvement</p> <p>_____ Employee / Family Handbook</p> <p>_____ Confidentiality</p> <p>_____ Code of Employer/Employee Relations</p> <p>_____ Materials Acquisition</p> <p>_____ Requisition Procedures</p> <p>_____ Attendance Procedures –Staff/Children</p> <p>_____ Daily and Work Schedules</p> <p>_____ Extra Duties</p> <p>_____ School Safety – Bus, Pedestrian, First Aid, emergency Plans</p> <p>_____ School Closings</p> <p>_____ Record Keeping</p> <p>_____ Home/School Communications Procedures</p> <p>_____ Conference Procedures</p> <p>_____ Internal Communications</p>	<p>DATE TOPIC</p> <p>_____ Professional Development</p> <p>_____ Curriculum Development</p> <p>_____ Textbook/Resource Materials</p> <p>_____ Community Resources</p> <p>_____ Field Trip Procedures</p> <p>_____ Library Services</p> <p>_____ Pupil Support Services, Referrals, Mental Health</p> <p>_____ Federal Programs</p> <p>_____ Early Childhood Education Standards</p> <p>_____ Assessment/Analysis: Ages.Stages/Work Sampling/OUNCE</p> <p>_____ Transportation</p> <p>_____ Cultural Awareness</p> <p>_____ Mental Wellness</p> <p>_____ Trauma-Informed Instruction</p> <p>_____ Technological and Virtual Engagement</p> <p>_____ Code of Professional Practice and Conduct for Educators</p> <p>_____ Others unique or appropriate to the organization</p>
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The signatures below certify that the above named inductee has completed the requirements of the Induction Program.

School District/Organization Name _____

Supervisor/Principal _____ Date _____

Superintendent/CEO _____ Date _____