A picture containing drawing

Description automatically generated

Please complete this form and send to [Jeanne Steitz](mailto:jsteitz@archphila.org?subject=Appendix%20E) at the Office of Catholic Education

**Appendix C – Documentation of Inductee Program Completion**

* The first evaluation is due at the end of the first trimester/semester
* The second evaluation is due at the end of the second trimester/semester
* The assessment must be sent to [Jeanne Steitz](mailto:jsteitz@archphila.org?subject=Appendix%20E) at the Office of Catholic Education

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

Name (Last, First, MI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FT:  PT:

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_ Subject(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We hereby certify that the above named inductee has completed the requirements of the Induction Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(Support Teacher’s Name – Please Print) (Date)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Support Teacher’s Signature)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(Principal Name – Please Print) (Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(Principal’s Signature)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(Superintendent’s Signature (Date)*

**Appendix C – Documentation of Inductee Program Completion**

|  |  |
| --- | --- |
| **Orientation to the induction program** | **Date** |
| Archdiocesan (New Teacher Induction) |  |
| Local (Overview / Training at Local School) |  |

|  |  |  |
| --- | --- | --- |
| **Induction In-Service (Minimum** of four related to area of teaching. Religion in-services are NOT acceptable on this form. May not include Archdiocesan New Teacher Orientation Day.) | | |
| **Topic** | **Provider** | **Date** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
| **Meetings with Mentor / Support Teacher (Minimum** of nine meetings.) | | |
| **Date** | **Date** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Initial / Continuing Needs Assessment – Appendix A** | | |
| **September** | **January** | **May** |