

 **OFFICE OF CATHOLIC EDUCATION**

**Appendix E – Evaluation of Induction Program
Mentor / Support – Teacher / Evaluators**

This assessment must be completed by June 1 and should be sent to Jeanne Steitz at the Office of Catholic Education.

1. Did this program help you provide adequate support to the new teachers(s)? Please explain.

Click or tap here to enter text.
2. What suggestions for change would you make to improve this program?

Click or tap here to enter text.

1. To what extent did the program meet the needs of the in new teacher in the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Needs** | **VeryEffective** | **SomewhatEffective** | **NotEffective** |
| Adjusting to Archdiocesan and local level standards, policies, and procedures. |  |  |  |
| Understanding and meeting individual needs of students. |  |  |  |
| Implementing guidance given within mentor/inductee relationship. |  |  |  |
| Developing effective classroom management techniques. |  |  |  |
| Providing professional development. |  |  |  |

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

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