

Provisional Teacher Mentor Plan PCSD

Teachers Name: _____

Mentor Teacher Assigned: _____

Provisional Year: 1, 2, 3

Date: _____

Provisional Teacher Growth Goals and Aspirations:

Principals Expectations:

Mentor Teacher Expectations and Helps:

Progress Monitoring (Conducted with Principal and Mentor Teacher)

Mid Year Review Date and Progress:

End of Year Review Date and Progress:

Provisional Teacher Signature: _____ Date _____

Principal Signature: _____ Date _____

Mentor Teacher Signature: _____ Date _____