

# Teacher Induction Program - Action Plan 3

- Each person should:**
- Have input
  - Be clear on expectations
  - Sign action plan
  - Receive a copy

School \_\_\_\_\_ Date Initiated \_\_\_\_\_  
 Teacher's Name \_\_\_\_\_ Teacher's Signature \_\_\_\_\_  
 Principal's Signature \_\_\_\_\_ PDF's Signature \_\_\_\_\_  
 Mentor's Signature \_\_\_\_\_

Based upon the FPMS SSOI, check the Accomplished Practice(s) that **HAVE NOT** been satisfactorily demonstrated. Create strategies and activities to assist in achieving mastery of the indicated Accomplished Practice(s).

Needs from SSOI

ONE: Assessment		SEVEN: Human Development and Learning	
TWO: Communication	X	EIGHT: Knowledge of Subject Matter	
THREE: Continuous Improvement		NINE: Learning Environments	
FOUR: Critical Thinking		TEN: Planning	
FIVE: Diversity		ELEVEN: Role of the Teacher	
SIX: Ethics		TWELVE: Technology	

- Strategy S P & P**
- Strategy
  - Process of Implementation (Performance)
  - Product (Artifacts)

Accomplished Practice #	Description	Anticipated Date of Completion	Actual Date of Completion	Initial Upon Completion (Admin, PDF, Mentor)
AP # 1-12	Demonstrate the 12 Accomplished Practices via portfolio.	4/01/10		
AP #	Four mentor observations.	3/01/10		
AP # 2 Other	<b>S: Design an Organizational System for Parent Contact Information.</b> <b>P: Keep a Communication Log of Parent Communication.</b> <b>P: Submit the Communication Log with reflections on the best methods of Communication. Add to the TIP Portfolio.</b>	3/28/10		

Timeline/Target Dates

Mentor Observation Dates:

10/30/09 12/20/09 1/25/10 3/01/10

Monitoring Dates:

10/05/09 12/05/09 2/05/10 4/05/10

Mentor observations should be spaced throughout the year to allow for feedback on growth.

**Initial and Sign at the end of the first year:**

\_\_\_\_\_ **Contingent upon contract renewal**, it is recommended that the Teacher Induction Program participant continue for an additional 180 days in order to have the opportunity to satisfactorily demonstrate The Twelve Accomplished Practices at the pre-professional level.

\_\_\_\_\_ The T.I.P. participant **has NOT** successfully completed the Teacher Induction Program.

Principal \_\_\_\_\_

Date \_\_\_\_\_

**Sign at the completion of the T.I.P. program:**

\_\_\_\_\_ The T.I.P. participant **HAS** successfully completed the Teacher Induction Program.

Principal \_\_\_\_\_

Date \_\_\_\_\_