QPS Teacher Mentor Project

CONTACT LOG

Mentor Name: **Protégé Name:**

School Year: **Protégé is: (enter "x" in appropriate box)** 1st year 2nd year

Date of contact:																	
Type of contact and length of contact: (list length of time in decimal point to nearest .25 hour)																	TOTALS:
In-person (enter "x")																	0
Length of in-person contact																	0.00
Written (enter "x")																	0
Length of written contact																	0.00
Phone call (enter "x")																	0
Length of phone contact																	0.00
Support provided: (enter "x")																	TOTALS:
Classroom Management																	0
Student Management																	0
Instructional Strategies																	0
Lesson Planning																	0
Curriculum																	0
Assessment / Testing																	0
Analyzing Student Work																	0
Model Teaching																	0
Coaching / Feedback																	0
Scheduling																	0
Parents																	0
Parent/Teacher Conferences																	0
Administrators																	0
District Information																	0
Locating Resources																	0
Creating Materials																	0
Emotional Support																	0
In-service / Trainings																	0
Formative Observation																	0
Formative Feedback																	0
PLC																	0
Social / Celebratory																	0
Journaling																	0
Building (school) Meetings																	0
Grade Book / Report Cards																	0
Inclusion																	0
Book Study																	0
Individual Induction Plan																	0
Field Trip																	0
Teacher Evaluation																	0
Time Management																	0
IEP																	0
Other (specificy in box below)																	0