



"Great things come from small beginnings!"

QPS Teacher Mentor Project Mentor Checklist

(Please send a copy to Mentor Teacher Leader once per quarter)

Protégé Name _____ Mentor Name _____
1st year _____ 2nd year _____ School Year _____

Monthly Protégé Trainings - Attendance													
Sept.		Oct.		Nov.		Jan.		Feb.		March		April	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Dialogue Journal (date)			
1 st Quarter Date:			3 rd Quarter Date:
2 nd Quarter Date:			4 th Quarter Date:

Individual Induction Plan (1 st yr. Protégé only)				
Date copy sent to Mentor Teacher Leader:				
Date Developed:				
Review / Revision Dates:				

Mentor Observation of Protégé (minimum of 2)

Observation 1	Date:		Focus:	
Pre-Conference Date:			Substitute Used:	Yes No
Observation Date:			Length of substitute use:	
Post Conference Date:			Written Formative Feedback:	Yes No

Observation 2	Date:		Focus:	
Pre-Conference Date:			Substitute Used:	Yes No
Observation Date:			Length of substitute use:	
Post Conference Date:			Written Formative Feedback:	Yes No

Observation 3	Date:		Focus:	
Pre-Conference Date:			Substitute Used:	Yes No
Observation Date:			Length of substitute use:	
Post Conference Date:			Written Formative Feedback:	Yes No

Protégé Observation of Mentor and/or Shared Observation (optional)

Observation 1	Date:		Focus:	
Pre-Conference Date:			Substitute Used:	Yes No
Observation Date:			Length of substitute use:	
Post Conference Date:				

Observation 2	Date:		Focus:	
Pre-Conference Date:			Substitute Used:	Yes No
Observation Date:			Length of substitute use:	
Post Conference Date:				

Analysis of Student Work			
Dates: (minimum of 3)			