***Career In Teaching***

**Intern Final Report**

**Intern’s Name:  Certification:**

**Mentor’s Name: School:**

**Hiring Status:  Probationary  Contract Substitute  Part-Time  Per Diem  Hourly**

**A. Describe the progress this intern made during the school year. Include references to growth and/or problems in meeting the professional expectations for interns and any other areas germane to the intern’s future in the teaching or clinical profession.**

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1. **Describe the procedures you employed to assist this intern. Include specific references to time and frequency of observations and conferences. Note other assistance and interaction as reflected in your records.**

**Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intern’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by CIT Panel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature)

Intern may attach a response or comment; please initial here if comment is attached: \_\_\_\_\_\_

This form should be presented in person to the CIT Panel during the Final Review Process unless otherwise directed.

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