CIT Intern Report on Mentor – SCHOOL PSYCHOLOGIST

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| Intern’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First Intern Report on Mentor   Second Intern Report on Mentor |

Please briefly describe in the box below how your CIT Mentor has supported you during your internship. As part of your narrative, please include specific examples of support and/or any specific areas in which you would like additional mentor support. If you need more space, please use another sheet of paper. On the back of this form, indicate specific mentoring activities your mentor has done to support you.

If you have concerns that you would prefer to share confidentially with the CIT Director, please contact the CIT Office (585-262-8541, [CIT@rcsdk12.org](mailto:CIT@rcsdk12.org)).

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**Please complete page two of this form.**

**Please place an ‘X’ in the small boxes next to the activities your mentor has done to support you.**

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| **PLANNING AND PREPARATION** | |
|  | Provided written feedback on observations |
|  | Conferenced about observations |
|  | Explained CSE procedures/Annual Reviews |
|  | Provided/Reviewed instructional/therapeutic materials |
|  | Reviewed District expectations |
|  | Reviewed State and Federal guidelines/NYS Standards as related to field |
|  | Helped procure tests, protocols, etc. |
|  | Explained criteria for special education classifications and continuum of services |
|  | Assisted with assessment interpretation and diagnostic report writing |

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| **ENVIRONMENT** | |
|  | Conferred about effective group management techniques |
|  | Modeled a counseling session |
|  | Modeled how to establish rapport with students (includes using interpersonal skills to establish trust and reduce anxiety) |
|  | Encouraged ways to establish a culture in the school for positive mental health of students |
|  | Conferenced about clear procedures for referrals (both pre-referral strategies, 504 plans, and CSE referrals) |
|  | Modeled flexibility and responsiveness to meet the needs of students and their families |
|  | Encouraged participation in activities that enhance overall school quality |

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| **DELIVERY OF SERVICES** | |
|  | Conferenced about the development of academic and behavioral intervention plans |
|  | Encouraged effective ways to facilitate/participate in intervention team meetings |
|  | Encouraged understanding and use of community resources to support families |
|  | Provided consultation regarding crisis intervention |
|  | Helped establish an effective routine/time management of caseload |
|  | Provided samples of various letters, checklists, filing system, etc. |
|  | Encouraged effective consultation with colleagues and parents |
|  | Modeled effective communication skills in sharing test results with parents |
|  | Explained procedures for data entry into IEP Direct |
|  | Suggested ways to involve parents in supporting learning |
|  | Encouraged ways to involve parents in FBA/BIB/AIS meetings |
|  | Encouraged parental involvement throughout the CSE process |

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| **PROFESSIONAL RESPONSIBILITIES** | |
|  | Promoted involvement in school partnerships or district projects |
|  | Encouraged participation in school initiatives, celebrations, Open House/Curriculum Night/After School events, etc. |
|  | Encouraged/recommended professional development opportunities |
|  | Attended professional development together |
|  | Encouraged involvement in professional organizations (NASP, NYASP, GRASP, etc.) |
|  | Supported involvement in school/department committees |
|  | Arranged for visitations/observations with colleagues/other educational settings |
|  | Encouraged participation in Collegial Circles or Action Research groups |
|  | Modeled professional demeanor |
|  | Recommended professional reading materials |
|  | Suggested materials to use with students |
|  | Modeled follow-through on professional responsibilities |
|  | Encouraged reflection about practices |

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| The frequency of visits and contacts from my mentor  is consistently appropriate to my needs.  is appropriate to my needs most of the time.  is more frequent than I feel is necessary.  is not frequent enough to meet my needs. I need my mentor to visit and contact me more often. | My mentor provides written feedback (Feedback Forms and other written feedback)  regularly, and it is helpful (highlights positives, focuses our efforts, identifies next steps, etc.).  sometimes, and it is helpful.  regularly or sometimes, but it is not particularly helpful.  sporadically, not very often, and/or not at all. |

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## Intern’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Mentor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mentors should turn in this signed form with the signed Intern Status Report to the CIT Office, CO-2***