CIT Professional Support Intake Form (Speech Language)

PLEASE NOTE: This report is a confidential document for CIT use only. This report will not be shared outside of the CIT program and will not be used for purposes of evaluation/APPR. This report is a tool to help CIT Lead Teacher-Mentors and the CIT Office to provide appropriate mentoring to teachers receiving professional support. Please contact the CIT Office with questions (CIT@rcsdk12.org, 585-262-8541).

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech Lang Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Teacher-Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CIT Career Ladder (Check One):** | [ ]  Intern (first year) with Prof Support | [ ]  Long-term Per Diem Sub with Prof Support |
| [ ]  Resident (untenured) Year Two | [ ]  Resident (untenured) Year Three/Four | [ ]  Tenured (Professional or Lead) |

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| **Briefly describe the aspect of teaching practice that will be the focus of professional support:** |
| **Goals:** |
| **Mentoring Plan:** |

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| *Check all that apply:* |
| **Planning & Preparation**[ ]  Demonstrating knowledge and skill in speech/language therapy[ ]  Establishing goals for the therapy program appropriate to the setting and students served[ ]  Demonstrates knowledge of district, state, and federal regulations and guidelines[ ]  Demonstrating knowledge of resources, both within and beyond school and district[ ]  Planning the therapy program, integrated with the regular school program, to meet the needs of individual students[ ]  Developing a plan to evaluate the therapy program |
| **The Classroom Environment**[ ]  Establishing rapport with students[ ]  Organizing time effectively[ ]  Establishing standards of conduct in the therapy setting[ ]  Organizing physical space for testing of students and providing therapy |
| **Instruction**[ ]  Responding to referrals and evaluating student needs[ ]  Developing/implementing IEPs and/or ERSS programs to maximize students’ success[ ]  Communicating and engaging with families regarding the evaluation process and the development and implementation of IEPs and/or ERSS therapy program [ ]  Collecting information and writing reports[ ]  Demonstrating flexibility and responsiveness |
| **Professional Responsibilities**[ ]  Reflecting on practice[ ]  Collaborating with teachers, families, and administrators [ ]  Maintaining effective data management system[ ]  Participating in a professional community[ ]  Engaging in professional development[ ]  Showing professionalism including integrity, advocacy, and maintaining confidentiality |

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| **Additional Notes:** |

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| **Teacher Signature** | **Date** | **Lead Teacher-Mentor Signature** | **Date** |

**Return this completed and signed form to the CIT Office via email** (CIT@rcsdk12.org) **or courier** (CIT Office, CO2, Central Office).

*Approved by CIT Governing Panel, April 2021*