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](mailto: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](mailto:CIT@rcsdk12.org)) **or courier** (CIT Office, CO2, Central Office).

*Approved by CIT Governing Panel, April 2021*