CIT Professional Support Semester Report (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).

Speech Language Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lead Teacher-Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **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) |

Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check all activities you have done as part of your professional support mentoring:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * *Analyzing Student Needs and Present Levels of Performance* * *Communicating with Parents* * *Report Writing* * *Collecting Data, Data Mgmt System* | * *Developing/Reviewing Therapy Goals* * *IEP Development, Meeting* * *ERSS Documentation* | * *Modeling Lesson* * *Observing Therapy* * *Observing Mentor or other Veteran Speech Pathologist* * *Classroom Intervention/Push-In* | * *Planning Lesson* * *Problem Solving* * *Professional Learning Plan* * *Providing Resources* | * *Pre-Observation Conference* * *Post-Observation Conference* * *Reflecting* | * *Using Technology* * *Other* |

***Refer to the goals recorded on the CIT Intake Form to complete the following:***

|  |  |
| --- | --- |
| **LIST or SUMMARIZE ACCOMPLISHMENTS/AREAS OF GROWTH:** | **LIST or SUMMARIZE CONTINUING FOCUS/CHALLENGES/CONCERNS** |
| **Teacher’s Next Steps:** | **Mentor’s Next Steps:** |

|  |  |
| --- | --- |
| **Continue Professional Support for another semester?**  YES  NO | **Brief Rationale:** |

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

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

**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***