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, 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) **or courier** (CIT Office, CO2, Central Office).

***Approved by CIT Governing Panel, April 2021***