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| ***Career In Teaching Program - Review of Written Records***  **Note: This review is to be completed by a CIT Panel Member for inclusion in the CIT file.** |

Lead Teacher Assigned as Mentor **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Review **\_\_\_\_\_\_\_\_\_\_\_**

Reviewed by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Records | Comments | | | | |
| **Calendar**  **\*share with Panel Member** | Reviewed with Mentor today.  Updates monthly on CIT Google Classroom.  Will update by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  Was unaware of requirement or unable to complete. | | | | Notes on Calendar: |
| **Mentor Log (Mentor’s green spiral or equivalent, notes, correspondence, etc.)** | Notes on Log/Note-taking: | | | | |
| **Written Feedback for Intern**  **(Feedback forms, etc.)** | Notes on Written Feedback: | | | | |
| **Copies of Intern Status Reports,**  **Intern Reports on Mentor, and Status Report Reviews** | Complete and Signed  Missing Items (explanation)  Organized Record-keeping | Notes on record-keeping: | | | |
| **Professional Development Log**  ***(Workshops attended and/or presented)***  **\*share with Panel Member** | Mentor PD Log Total Hours \_\_\_\_\_  **Attach PD Log to this form.** | | Notes on Mentor PD: | | |
| **Panel Observation** | Conducted by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Not conducted (explanation) | | | | |
| **Peer Observation** | Conducted by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  Not conducted (explanation) | | | | |
| **Mentor Self-Assessment**  **(for New Mentors only)**  **\*share with Panel Member** | Submitted today  Already sent to CIT   Will send to CIT by June 15th | | |  | |
| **Intern Final Reports**  **\*share with Panel Member** | Reports Complete and Ready to Review  **Panel Member reviewed Reports with Mentor**  Missing Reports (explanation) | | |  | |
| **Other Comments** |  | | | | |

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| **Quality of Written Records**  Proficient  Needs Improvement |

CIT Reviewer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

LT/Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**A LT-Mentor may attach a written response to this form. Please return signed form to CIT Office, CO-2.**