



Troup County School System

Your Future Starts Today

TROUP COUNTY SCHOOL SYSTEM

Teacher Induction Program School Orientation Checklist

APPENDIX B

Name: _____

Employment Date: _____

School: _____

Administrator: _____

PART I. This section to be completed by the induction teacher.

Activity _____	Date _____	Activity _____	Date _____
Read Faculty Handbook	_____	Read Student Handbook	_____
Read School Improvement Plan	_____	Review Curriculum Guides for Grade Level/Subject Area	_____
Review State/System Assessment Schedule	_____	Locate and Browse Troup County School System Website	_____
Review Code of Conduct & Attendance Policy	_____	Review Job Description/TKES	_____

PART II. This section is to be completed during a conference between the induction teacher and the mentor.

✓ A check indicates the topics were discussed.

PROCEDURES

- | | |
|---|--|
| <input type="checkbox"/> Attendance/Tardy | <input type="checkbox"/> Discipline Forms/Procedures |
| <input type="checkbox"/> Clinic/Nurse | <input type="checkbox"/> Behavior/Classroom Management |
| <input type="checkbox"/> Work Room | <input type="checkbox"/> Lunch/Cafeteria Procedures |
| <input type="checkbox"/> Injury Reports | <input type="checkbox"/> Office |
| <input type="checkbox"/> Monies Collected | <input type="checkbox"/> Student Dismissal |
| <input type="checkbox"/> Requesting Supplies | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Substitutes | <input type="checkbox"/> Make-up Work |
| <input type="checkbox"/> Withdrawal of Students | <input type="checkbox"/> Policy on Copyrights |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Fund Raisers |
| <input type="checkbox"/> Duplication of Materials | <input type="checkbox"/> Assemblies |
| <input type="checkbox"/> Resources Available | <input type="checkbox"/> Other |
| <input type="checkbox"/> Evacuations/Drills | |

RECORD KEEPING

- | | |
|--|--|
| <input type="checkbox"/> Lesson Plans | <input type="checkbox"/> Textbook Inventory |
| <input type="checkbox"/> Cumulative Folders | <input type="checkbox"/> Receipt of Money |
| <input type="checkbox"/> Sick Leave/Professional Leave Forms | <input type="checkbox"/> Lost Textbooks |
| <input type="checkbox"/> Daily Attendance | <input type="checkbox"/> Visitors/Passes |
| <input type="checkbox"/> Safety Expectations | <input type="checkbox"/> After School/Special Programs |
| <input type="checkbox"/> Grades/Infinite Campus | |

_____ Administrator's Signature	_____ Date	_____ Teacher's Signature	_____ Date	_____ Mentor Signature	_____ Date
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This document should be completed within the **first month** of hire and submitted to Leigh Thrailkill in the Federal Programs Department, ASC.



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Troup County Teacher Induction Program

Individual Induction Plan

Meeting #1

Induction Teacher _____

School Year _____

Induction Phase Year 1 2 3

School _____

This plan should be completed no earlier than September 1st and no later than September 30th.

The teacher induction plan supports professional learning goals established in the TLE platform as part of the TKES process. List those goals and support mechanisms to aid in meeting them below.

Goal 1: _____

Activities: _____

Timeline: _____

Person(s) Responsible: _____

Goal 2: _____

Activities: _____

Timeline: _____

Person(s) Responsible: _____

Induction Phase Teacher Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

System-Level Representative Signature: _____ Date: _____



Troup County School System

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Troup County Teacher Induction Program Individual Induction Plan Meeting #2

Induction Teacher _____

School Year _____

Induction Phase Year 1 2 3

School _____

This meeting should take place no earlier than October 30th and no later than February 1st.

Agenda

1. Review Individual Induction Plan and discuss progress.

2. Were all goals met? To what extent?

3. Were all activities implemented? If not, what did not occur?

Induction Phase Teacher Signature: _____ Date: _____

Mentor Signature _____ Date: _____

Administrator Signature: _____ Date: _____

System-Level Representative Signature: _____ Date: _____

Next scheduled Induction Team Meeting: _____

Troup County Teacher Induction Program

Individual Induction Plan

Meeting #3

Induction Teacher _____

School Year _____

Induction Phase Year 1 2 3

School _____

This meeting should take place no earlier than March 1st and no later than May 30th.

Agenda

1. Review Individual Induction Plan and discuss progress.
2. Were all goals met? To what extent?
3. Were all activities implemented? If not, what did not occur?
4. Should professional learning goals remain the same moving forward? If not, what are alternative areas to focus on?

Induction Phase Teacher Signature: _____ Date: _____

Mentor Signature _____ Date: _____

Administrator Signature _____ Date: _____

System-Level Representative Signature _____ Date: _____

Troup County School System
Induction Phase Teacher/Mentor Observation Form

Observation Date:	
Observation Time Start:	Observation Time Stop:
Observer:	
Teacher Observed:	
Topic:	
Focus of Lesson:	
Notes:	
Questions for Reflection:	
Signature of Observer:	
Signature of Teacher Observed:	

This observation is not to be used as documentation for any portion of TKES.