

Mentor/Mentoring Checklist

Mentors of new staff please complete and hand in at the end of the school year as documentation of training.

Mentor:_____

Mentee:_____

School Year: 2016-2017

IEP					
Mentor/Mentee Checklist Items	Yes	No	Date	Initials	Comments
Staff List – Who does what in your district.	<input type="checkbox"/>	<input type="checkbox"/>			
Paperwork needed for IEP	<input type="checkbox"/>	<input type="checkbox"/>			
Present Levels of Academic and Functional Performance	<input type="checkbox"/>	<input type="checkbox"/>			
Modifications	<input type="checkbox"/>	<input type="checkbox"/>			
Prior Written Notice	<input type="checkbox"/>	<input type="checkbox"/>			
How to fix Corrections from Mary	<input type="checkbox"/>	<input type="checkbox"/>			
Mentee sit in on Mentor IEP meeting	<input type="checkbox"/>	<input type="checkbox"/>			
Evaluation					
	Yes	No	Date	Initials	Comments
Evaluation Prior Written Notice	<input type="checkbox"/>	<input type="checkbox"/>			
Evaluation Components	<input type="checkbox"/>	<input type="checkbox"/>			
Summary	<input type="checkbox"/>	<input type="checkbox"/>			
Educational Needs	<input type="checkbox"/>	<input type="checkbox"/>			
Adaptations/Modifications	<input type="checkbox"/>	<input type="checkbox"/>			
Criteria Page	<input type="checkbox"/>	<input type="checkbox"/>			
Mentee sit in on Mentor evaluation meeting	<input type="checkbox"/>	<input type="checkbox"/>			
Miscellaneous					
	Yes	No	Date	Initials	Comments
Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>			
Progress Report	<input type="checkbox"/>	<input type="checkbox"/>			
How to utilize paraprofessionals	<input type="checkbox"/>	<input type="checkbox"/>			
What/when to add to CST agenda	<input type="checkbox"/>	<input type="checkbox"/>			

