**Induction Transition Plan**



Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Credential Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information below is intended to help you transition from a pre-service credential program to an in-service induction program. Though not an exhaustive list, possible categories to consider for strengths and areas for growth include: *planning & preparation, classroom environment, instruction, assessment, reflection, professional responsibilities, and professional dispositions*.

|  |  |  |
| --- | --- | --- |
| Identified **Strength** | Evidence Supporting **Strength** | Associated TPE(s)\* |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Identified **Area for Growth** | Evidence Supporting **Area for Growth** | Associated TPE(s)\* |
|  |  |  |
|  |  |  |
|  |  |  |

Teacher Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­

Cooperating Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Induction Support Plan**

Once hired, discuss the previously identified areas of growth with your induction mentor. Using that information along with input from your site administrator regarding school/district goals, collaboratively determine specific practices, skills, areas of knowledge and/or dispositions for which you would like support during the year.

|  |  |  |
| --- | --- | --- |
| **Area for Growth**  Specific practice, skill and/or professional knowledge/disposition to develop | Description of plan to improve or implement practice/skill/knowledge/disposition | Supports/Resources needed |
|  |  |  |
|  |  |  |
|  |  |  |

Beginning Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Induction Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Reflection**

At the middle and end of the year, reflect on your support plan. What growth or change have you seen in identified areas? What do you believe contributed to these changes? If you did not see growth or change, why do you believe that is the case?