

TEAM TWO-YEAR BEGINNING TEACHER SUPPORT PLAN TIMELINE FOR
CATEGORY I PARTICIPANTS

Name of Beginning Teacher: _____

School/District: _____

Subject Area(s)/Grade level(s): _____

Name of Mentor: _____

Anticipated timeline of participation:

Entry date in classroom: _____

TEAM Entry Date: September 1, 20____ or February 15, 20____

First TEAM participation year: _____

Module(s) that will be completed during the 2017-2018 school year:

Module(s) that will be completed during the 2018-2019 school year:

Please indicate below if it is anticipated that a third year will be needed due to any extenuating

circumstances, such as a planned leave of absence (i.e., maternity leave, planned medical leave, mid-year hire, etc.).

Signature of Beginning Teacher	Date
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Signature of Mentor	Date
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Signature of Administrator	Date
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Once this document has been completed and signed it must be returned to Bev Schaedler at Central Office by October 30. A copy should be provided to your TEAM building representative.