PUBLIC SCHOOLS OF ROBESON COUNTY

 HR Use

**BT INFORMATION / VERIFICATION SHEET**

As Appears on License

Initially Licensed Teacher:

School/Location:  SSN:  - -

Year 1:  -  // Year 2:  -  // Year 3:  -

 (ie. 2011-2012, etc.)

**Teaching Assignment: Grade Level(s): \_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Began Employment with Robeson County Schools:  / /

 Month/Date/Year

Previous North Carolina School System Employer(s) (if applicable)

**Support Team Members**

**Name**

 Principal

 Assistant Principal(s)

 Buddy Teacher

 Mentor

**This is to verify that**

 **[ ]  has successfully completed [ ]  has not successfully completed Year 1**

**\*\*Written justification is contained in the cumulative ILT file\*\***

**ILT Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**[ ]  has successfully completed [ ]  has not successfully completed Year 2**

**\*\*Written justification is contained in the cumulative ILT file\*\***

**ILT Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**[ ]  has successfully completed [ ]  has not successfully completed Year 3**

**\*\*Written justification is contained in the cumulative ILT file\*\***

**ILT Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

Year 1

BEGINNING TEACHER DOCUMENTS

 \_\_\_\_\_ Observation #1

 \_\_\_\_\_ Observation #2

 \_\_\_\_\_ Observation #3

 \_\_\_\_\_ Observation #4

 \_\_\_\_\_ Summative Evaluation

 \_\_\_\_\_ Record of Teacher Evaluation Activities

 \_\_\_\_\_ Professional Development Plan (PDP)

 \_\_\_\_\_ Support Team Contact Log

Year 2

BEGINNING TEACHER DOCUMENTS

 \_\_\_\_\_ Observation #1

 \_\_\_\_\_ Observation #2

 \_\_\_\_\_ Observation #3

 \_\_\_\_\_ Observation #4

 \_\_\_\_\_ Summative Evaluation

 \_\_\_\_\_ Record of Teacher Evaluation Activities

 \_\_\_\_\_ Professional Development Plan (PDP)

 \_\_\_\_\_ Support Team Contact Log

Year 3

BEGINNING TEACHER DOCUMENTS

 \_\_\_\_\_ Observation #1

 \_\_\_\_\_ Observation #2

 \_\_\_\_\_ Observation #3

 \_\_\_\_\_ Observation #4

 \_\_\_\_\_ Summative Evaluation

 \_\_\_\_\_ Record of Teacher Evaluation Activities

 \_\_\_\_\_ Professional Development Plan (PDP)

 \_\_\_\_\_ Support Team Contact Log

**PUBLIC SCHOOLS OF ROBESON COUNTY**

**SUPPORT TEAM OFFICIAL CONTACT RECORD**

\*\*Please maintain a running log of support contacts throughout the teaching year.\*\*

Initially Licensed Teacher:

**Support Team Members**

|  |  |
| --- | --- |
| **Name** | **Position** |
|   | Principal |
|   | Assistant Principal(s) |
|   | Buddy Teacher |
|   | Mentor |
|   |   |
|   |   |

**Record of Official Contacts**

|  |  |  |
| --- | --- | --- |
| **Date** | **Type of Contact** | **Participants** |
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**PUBLIC SCHOOLS OF ROBESON COUNTY**

**Professional Development Log**

**North Carolina Teaching Standards**

1. **Teachers demonstrate leadership**
2. **Teachers establish a respectful environment for a diverse population of students**
3. **Teachers know the content they teach**
4. **Teachers facilitate learning for their students**
5. **Teachers reflect on their practice**
6. **Teachers facilitate academic growth**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Hours Spent** | **Activity** | **North Carolina Teaching Standard Addressed** | **Activity Related to:****a) PDP b) Observation Feedback****c) Licensure Requirement d) Other** | **Location/Sponsor of Professional Development** |
| Example:08/14/03 | 7 | ILT Orientation | 5 | c | PSRC |
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**\*If available, attach a copy of the computer-generated report reflecting professional development, any certificates or grade reports received.**