**INDIVIDUAL ACTION PLAN**

**(IAP #1)**

Beginning Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(First and Last Name)**

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| **Initial Planning Session** *(Complete with the mentor and administrator within three weeks of the Beginning Teacher Program Orientation.)***Date: \_\_\_\_\_\_\_\_\_**1. **Meet with your mentor to plan for the school year. Read and review the *COE Completion Guide*, *Information You Should Know* packet, *Florida Educator Accomplished Practices,* and the *Florida Standards* for the grades and/or subjects you are teaching.**
2. **Date scheduled for your first mentor observation. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date scheduled for your first formal observation with administrator. Date: \_\_\_\_\_\_\_\_\_\_\_\_**
4. **Discuss your perceived strengths and areas of concern and how you will get the support and training that you need.**

**Perceived Strengths:****Perceived Areas of Concern:****How will concerns be addressed? List specific meetings/workshops/training sessions planned** *(for example: Preparation for classroom observation, one-on-one training with mentor or team member, observing other classrooms, demonstration lesson by mentor or other teacher, district or site based workshop/PLC.)***OPTIONAL training currently enrolled in or completed:** **\_\_\_\_\_ Proactive Classroom Management and Building Relationships** (Register in Leon LEADS, Completed In-person**\_\_\_\_\_ Proactive Classroom Management, A Deeper Dive** (Register in Leon LEADS, Completed in Canvas)**\_\_\_\_\_ Student Advocacy and Legal Issues** (Beacon Educator)**\_\_\_\_\_ Professional Practices for Educators** (Beacon Educator) |

**Signatures:** COE Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDIVIDUAL ACTION PLAN**

**(IAP #2)**

Beginning Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(First and Last Name)**

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| **First Mentor Observation (Planning and Follow-up)***(Complete mentor observation prior to the administrator’s first formal observation. Follow-up must occur within 10 days mentor of observation.)***Date: \_\_\_\_\_\_\_\_\_****Mentor observation scheduled/completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates)****Administrator’s formal observation scheduled/completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates)****Meet with your mentor and administrator to discuss areas of concern. Discuss what the mentor will be looking for in your first observation. Discuss which FEAPs you should be demonstrating, and how you can demonstrate mastery of those FEAPs.*****Which FEAPS will be demonstrated in this lesson?******How will you demonstrate mastery of those FEAPs?*****How will areas of concern be addressed? List meetings/workshops/training sessions planned** *(for example: one-on-one training with mentor or team member, observing other classrooms, demonstration lesson by mentor or other teacher, district or site based workshop/PLC.)***OPTIONAL training currently enrolled in or completed:** **\_\_\_\_\_ Proactive Classroom Management and Building Relationships** (Register in Leon LEADS, Completed In-person**\_\_\_\_\_ Proactive Classroom Management, A Deeper Dive** (Register in Leon LEADS, Completed in Canvas)**\_\_\_\_\_ Student Advocacy and Legal Issues** (Beacon Educator)**\_\_\_\_\_ Professional Practices for Educators** (Beacon Educator) |

**Signatures:** COE Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDIVIDUAL ACTION PLAN**

**(IAP #3)**

Beginning Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(First and Last Name)**

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| **Second Mentor Observation (Planning and Follow-up)***(Complete mentor observation prior to the administrator’s second formal observation. Follow-up must occur within 10 days mentor of observation.)***Date: \_\_\_\_\_\_\_\_\_****How is the year going?****Mentor observation scheduled/completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates)****Administrator’s formal observation scheduled/completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates)****Meet with your mentor and administrator to discuss areas of concern. Discuss what the mentor will be looking for in your first observation. Discuss which FEAPs you should be demonstrating, and how you can demonstrate mastery of those FEAPs.*****Which FEAPS will be demonstrated in this lesson?******How will you demonstrate mastery of those FEAPs?*****How will areas of concern be addressed? List meetings/workshops/training sessions planned** *(for example: one-on-one training with mentor or team member, observing other classrooms, demonstration lesson by mentor or other teacher, district or site based workshop/PLC.)***OPTIONAL training currently enrolled in or completed:** **\_\_\_\_\_ Proactive Classroom Management and Building Relationships** (Register in Leon LEADS, Completed In-person**\_\_\_\_\_ Proactive Classroom Management, A Deeper Dive** (Register in Leon LEADS, Completed in Canvas)**\_\_\_\_\_ Student Advocacy and Legal Issues** (Beacon Educator)**\_\_\_\_\_ Professional Practices for Educators** (Beacon Educator) |

**Signatures:** COE Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDIVIDUAL ACTION PLAN**

**(IAP #4)**

Beginning Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(First and Last Name)**

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| **Final Review Session** *(Complete no later than one week before program due date.)***Date: \_\_\_\_\_\_\_\_\_****How did your first year of teaching go?****What are your strengths?****What are your areas of concern?****Mentor’s and Administrator’s recommendations for addressing these concerns:****OPTIONAL training currently enrolled in or completed:** **\_\_\_\_\_ Proactive Classroom Management and Building Relationships** (Register in Leon LEADS, Completed In-person**\_\_\_\_\_ Proactive Classroom Management, A Deeper Dive** (Register in Leon LEADS, Completed in Canvas)**\_\_\_\_\_ Student Advocacy and Legal Issues** (Beacon Educator)**\_\_\_\_\_ Professional Practices for Educators** (Beacon Educator) |

**Signatures:** COE Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_