

## Mentor/BT Observation Documentation

Mentor's Name: \_\_\_\_\_ School: \_\_\_\_\_

Beginning Teacher's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

This documentation sheet should be completed by the mentor teacher each time their BT completes a classroom observation.

Date	Teacher Observed	Grade/Subject Observed	Time Ex.9:00-9:45	Was the mentor present with BT?	Notes (if needed)

BT1s- two observations first semester; two observations second semester

BT2s- one observation first semester; one observation second semester

BT3s- upon principal request

\*Principals may request more observations at any time

Send completed documentation sheet to BT coordinator by first Friday of May.