



Project GATE: 2006-2007

QUARTERLY FACE-TO-FACE ASSISTANCE



Mentor's Name: _____ **Mentee's Name:** _____

Date of Visitation: Day: _____ Date: _____ Time: _____

Teaching and Learning

- | | |
|--|--|
| <input type="checkbox"/> Learning Tasks | <input type="checkbox"/> Higher Order Thinking Skills (Webb's Level of Complexity) |
| <input type="checkbox"/> Learning Environment | <input type="checkbox"/> Lesson Plans |
| <input type="checkbox"/> Student Engagement | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Opening Class Routine | <input type="checkbox"/> Instructional Strategies/Methods |
| <input type="checkbox"/> Instruction (whole group, small group, independent) | <input type="checkbox"/> Teacher/Student Interactions |
| <input type="checkbox"/> Communication/ Language (ESOL) | <input type="checkbox"/> Differentiated Instruction |
| <input type="checkbox"/> Home Learning | <input type="checkbox"/> Inclusionary Practices |
| <input type="checkbox"/> Parental Involvement | <input type="checkbox"/> Assessment (district, state, curriculum-based) |
| <input type="checkbox"/> Materials/Resources | <input type="checkbox"/> Gradebook |
| <input type="checkbox"/> Individual Student Behavior | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Classroom Management | |
| <input type="checkbox"/> Motivational Techniques | |
| <input type="checkbox"/> Appropriate Use of Accommodations | |

Compliance

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> IEP | <input type="checkbox"/> ESOL |
| <input type="checkbox"/> Insert B updates | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Matrix | |

DATE	TIME	LOCATION	DESCRIPTION OF ACTIVITY	MENTEE/MENTOR INITIALS

Mentor's Signature

Mentee's Signature

DUE: END OF EACH GRADING PERIOD - SCHOOL MAIL: SBAB 9310, ATTN: GUDWIN/SALAZAR



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FACE-TO-FACE ASSISTANCE RECORD

