NEW SCHOOL PSYCHOLOGIST MENTORING PROGRAM

NAME: _____________________________________ MENTOR: __________________

School: __________________________ Date: ________________________________

Directions: It is important to know the people and resources provided by your school and district. With your mentor and others identify the following information. Highlight relevant names and indicate their contact information. Please complete one form for each assigned building.

SCHOOL RESOURCES

RESOURCE PERSONNEL

_____________________________________ Administrator

_____________________________________ Administrator in charge of Special Education

_____________________________________ Secretary

_____________________________________ Case Manager

_____________________________________ Team Leaders (At-Risk/CST, IST, RTI, PBS, Crisis Response)

_____________________________________ Special Education Teacher(s)

_____________________________________ School Counselor/s and Social Workers

_____________________________________ School Nurse
Speech/Language Pathologist

Bilingual Resource Teacher

Lead Teacher Mentor

Reading Specialist

Librarian

Paraprofessionals

Custodian

Cafeteria Manager

Education Association Representative

Other (District record manager, school resource officer, etc)

PROGRAMS

List any before, during, or after school support for students and staff at your school.

Conflict Resolution

Home Help

Health Services

Tutoring

After School Programs

RTI, PBS, IST, Social Thinking Skills

Other

FACILITIES/RESOURCES

Computer Lab

Title I Resources

Library Resources

Instruments/Protocols

Student Standards

Curricula

Supplies/materials

Internet Resources

Procedural Manuals

RTI/ Other

Delaware Formative Assessment System