

NEW SCHOOL PSYCHOLOGIST MENTORING PROGRAM

Checklist for My Plan in Cycle Four

School Psychologist Name: _____

Check the plan below and provide a copy to the designated Lead Mentor. If the plan is required by the district, place a asterisk () by the statement.*

_____ **I will take advantage of professional development being offered in my district.**
Specify: _____ It is related to the Self Assessment Tool
because it will: _____
My product will be _____

_____ **I will be taking part in a book study/case study/articles with at least three other school psychologists.** The book/case study/articles that we are using is _____
_____ It is related to my Self Assessment Tool because it will: _____
_____ My product will be _____

_____ **I will be taking part in a work sample study with at least three other school psychologists.**
The focus on our work sample study is _____
It is related to the Self Assessment Tool because it will: _____
_____ My product will be _____

_____ **I will be conducting action research for this cycle.**
The focus of my research is _____
It is related to the Self Assessment Tool because it will: _____
_____ My product will be _____

_____ **Other activity, as approved by the district.**
My focus will be _____
The official approval was given by _____
My product will be _____

_____ **I was late starting the mentoring/induction program or I requested additional time in a cycle. I have been given permission to complete only the paperwork and the plan because I still have requirements from cycle three to complete.**