

# CSNT Head Start Mentor/Trainer Action Plan

Staff \_\_\_\_\_

Date \_\_\_\_\_

Mentor/Trainer \_\_\_\_\_

School/Location #: \_\_\_\_\_

Length of Visit in Classroom: \_\_\_\_\_

Reflective Follow up Time: \_\_\_\_\_

\_\_\_\_\_Centers \_\_\_\_\_ Circle Time \_\_\_\_\_ Small Groups \_\_\_\_\_ Planning Time \_\_\_\_\_ Outside \_\_\_\_\_ Transition

<b>Curriculum Implementation/Lesson Planning:</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Cognitive Instruction/Child Assessment:</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Classroom Management/Behavior Management:</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Professional Development/Teacher Assessment:</b>	<input style="width: 100%; height: 30px;" type="text"/>
<b>Comments:</b>	<input style="width: 100%; height: 30px;" type="text"/>
<p><b>For Mentors Use Only: Insert number codes in boxes above for each section as appropriate for this mentoring visit.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Mentor/Trainer Signature _____</p> <p>Staff Signature _____</p> <p>Next Visit _____</p> </div> <div style="width: 50%; font-size: small;"> <ol style="list-style-type: none"> <li>1. Modeling Instruction</li> <li>2. Observation of Instruction</li> <li>3. Instructional Planning</li> <li>4. Reflective Follow Up</li> <li>5. Room Arrangement/Daily Schedule</li> <li>6. Co-teaching</li> <li>7. Classroom Checklist</li> <li>8. Child Assessment</li> <li>9. Material Delivery</li> </ol> </div> </div>	