

# 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 \_\_\_\_\_

## Curriculum Implementation:

## Cognitive Instruction:

## Professional Development/Teacher Assessment:

## Comments:

**For Mentors Use Only: Insert number codes in boxes above for each section as appropriate for the mentoring visit.**

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

Staff Signature \_\_\_\_\_

1. Modeling Instruction
2. Side-by-side Coaching
3. Observation of Instruction
4. Instructional Planning
5. Reflective Follow Up
6. Room Arrangement/Daily Schedule
7. Co-teaching
8. Classroom Checklist
9. Child Assessment
10. Material Delivery

Next Visit \_\_\_\_\_