

Evidence of Completion

Teacher Name: Re	Reviewer:			Year 1 ⊠ Year 2 □ ECO □	
School: RME Date: <u>04/29/2019</u>					
Credential type:					
General Ed: MS ⊠ SS ☐ Ed Sp	ecialist:	M/M Pr	relim 🗌	ECSE Prelim	n 🗌 M/S Prelim 🔲
Checkmarks for each component below indicates completion of all requirements					
Program Specific	Yr. 1	ECO	Yr. 2	Reviewer	Comments
Required Documents					
Notification of Eligibility Form				bls	
Letter of Commitment				bls	
Induction Intake				bls	
Confidentiality Form				bls	
Demographic Survey				bls	
End-of-Year Survey				bls	
Beginning of the Year	Yr. 1	ECO	Yr. 2	Reviewer	Comments
Context of Classroom and Teaching				TF	
Initial Classroom Observation				TF	
Site Administrator Input Document				TF	
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Cycle of Reflection	Yr. 1	ECO	Yr. 2	Reviewer	Comments
Self-Reflection on the CSTP's				TF	
Individualized Learning Plan (ILP)				TF	
ILP, updated				TF	
Lesson Observation, Planning and Notes				TF	
ILP, updated				TF	
Lesson Observation, Planning and Notes				TF	
Self-Reflection on the CSTP's				TF	
End of the Year	Yr. 1	ECO	Yr. 2	Reviewer	Comments
Culminating Activity				TF	
Symposium and Reflections on CSTP's				TF	
I confirm that the program requirements for this year are completed					
Dr. Barbara Digitally signed by Dr. Barbara Severns DN: cn=Dr. Barbara Severns, o=Los Banos					

email=bseverns@losbanosusd.k12.ca.us,

Induction, ou=Los Banos USD,

Date: 2019.04.30 15:07:16 -07'00'

Barbara Severns, Induction Coordinator

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