

2023-2024 Monthly Collaboration Log

Logs are due on the 1st of every month (September Log through April Log)

Directions: Coaches, meet a minimum of 1 hour per week with your teacher and document a summary of highlights/insights from your weekly conversations that will provide evidence of growth over the course of the program. Use the Monthly Log Sample Guiding Questions in your Coaching Toolbox for support in facilitating your weekly meetings. **Coaches, at the end of the month, include your signature and obtain your teacher's electronic signature before uploading the log to your digital account.**

Induction Coach Name:						Participating Teacher Name:						Month of:		Total hours:	
Date:		Date:		Date:		Date:		Date:		Date:		Notes to Program:			
Hours:		Hours:		Hours:		Hours:		Hours:		Hours:					

<u>Strengths or Current Celebrations:</u>	<u>Current Focus or Challenges:</u>
<u>Discussion of goals related to ILP/Focus of Practice:</u> <i>(ILP discussions will be in the fall/Focus of Practice discussions will be in the spring)</i> <u>Discussion of other long term/short term goals:</u> <i>(Focus, challenges, CSTP actionable next steps and/or teacher needs)</i>	<u>Induction Coach's NEXT STEPS to Support Teacher:</u> <i>(In relation to goals, any current teacher needs, CSTP growth and/or teacher's ILP/Focus of Practice)</i>
<u>Monthly CSTP Reflection:</u> <i>(Using the CSTP Reflection Protocol and Continuum of Teaching Practice booklet, ask your teacher to reflect on the prompts below once a month. Make sure to document your teacher's responses to both questions in each of the prompts.)</i> <ul style="list-style-type: none"> Which CSTP element have you grown in? What led to that growth? Which CSTP element would you like to grow in? What might be some strategies or appropriate next steps to grow in this element? 	
Additional Support	
<i>(If you refer your teacher to meet with someone else besides yourself for a different area of expertise, please reflect with your teacher after the meeting and respond to the questions below. This is not required every month. Document this time and date in your total monthly hours and below.)</i> <ul style="list-style-type: none"> Title of individual & reason for referral: Date and time spent: How was this meeting/observation beneficial to you? How might you use this in your practice? 	
Signature of Induction Coach	Signature of Participating Teacher

I understand and agree that my typed full name above serves as my electronic signature. **Signatures Required**