

Form 1

**Record of Initial Meeting
Report Form**

This form is to be sent to Human Resources Division along with the November Report. A copy is to be provided to the probationary/replacement teacher.

Teacher's Name:

Date:

School(s):

Principal(s):

Administrator(s):

Experience:

Training Specialty:

Status of Evaluation: Probation 1:

Probation 2:

Replacement:

Comments: Requests to review Probationary Period Status and rationale MUST be recorded here and submitted no later than November 30th. Status change requests will not be accepted in any other form. Requests submitted past this deadline, will not be accepted.

The following items were given to the teacher and explained:

Newfoundland & Labrador English School District, Professional Growth and Evaluation Policy

Self-Assessment for teachers

Process and schedule of classroom

Sample Professional Growth Plan

Guidelines for Classroom Visitation

Components of Professional Practices

Date for next meeting to discuss Self-Assessment and Professional Growth Plan creation
observations

Administrator's Signature:

Date: