

TEAM TWO-YEAR BEGINNING TEACHER SUPPORT PLAN TIMELINE FOR  
CATEGORY I PARTICIPANTS

Name of Beginning Teacher: \_\_\_\_\_

School/District: \_\_\_\_\_

Subject Area(s)/Grade level(s): \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Anticipated timeline of participation:

Entry date in classroom: \_\_\_\_\_

TEAM Entry Date: September 1, 20\_\_\_\_ or February 15, 20\_\_\_\_

First TEAM participation year: \_\_\_\_\_

Module(s) that will be completed during the 2016-2017 school year:

\_\_\_\_\_

Module(s) that will be completed during the 2017-2018 school year:

\_\_\_\_\_

Please indicate below if it is anticipated that a third year will be needed due to any extenuating

circumstances, such as a planned leave of absence (i.e., maternity leave, planned medical leave, mid-year hire, etc.).

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Signature of Beginning Teacher	Date
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Signature of Mentor	Date
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Signature of Administrator	Date
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Once this document has been completed and signed it must be returned to Bev Schaedler at Central Office by October 30. A copy should be provided to your TEAM building representative.