

Contra Costa Office of Education Teacher Induction Program

Individualized Learning Plan Transcript 2017-2018

Participating Teacher: _____ District: _____ Credential: _____

Year in Teacher Induction: _____ Year 1 Completed in: _____

Individualized Learning Plan Format: Flashdrive Learning Zone Paper

Mentor: _____ ILP Reviewer: _____ Date: _____

	YEAR 1	YEAR 2	ECO
INDIVIDUALIZED LEARNING PLAN	Option:	Option:	Option:
Portfolio Review Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating Teacher Letter to Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Administrator Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSTP Pre-Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Continuum Co-Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILP Growth Goals: Created	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILP Growth Goals: Mid-Year Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILP Growth Goals: End of Year Reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Continuum Co-Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of Student Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquiry Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquiry Action Plan Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative Assessment Logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California Standards for the Teaching Profession Evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level I Education Specialists			
Education Specialist Advisement Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Specialist Individual Induction Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competency Requirements Met		<input type="checkbox"/>	<input type="checkbox"/>
CCCOE TEACHER INDUCTION DOCUMENTS			
Credential Information Form/Letter of Commitment	<input type="checkbox"/>		<input type="checkbox"/>
Participating Teacher Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Option (online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Induction Program Mid-Year Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Induction Program End of Year Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>