

**TEAM ONE-YEAR BEGINNING TEACHER SUPPORT PLAN TIMELINE
FOR CATEGORY II (TWO MODULES FROM MODULES 1-4) 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 current school year (20__ to 20__) school year:

Module(s) that will be completed during the next school year (20__ to 20__) (only for a teacher with a Feb. 15 entry date):

Please indicate below if it is anticipated that a second year will be needed due to circumstances such as a planned leave of absence (i.e., maternity leave, planned medical leave, mid-year hire, etc.).

Signature of Beginning Teacher

Date

Signature of Mentor

Date

Please submit this plan to your TEAM DF within one month of your entry date in the classroom