

**TEAM TWO-YEAR BEGINNING TEACHER SUPPORT PLAN TIMELINE
FOR CATEGORY I (5 MODULES) PARTICIPANTS**

Name of Beginning Teacher: _____

School/District: _____

Subject Area(s)/Grade level(s): _____

Name of Mentor: _____

Anticipated timeline of participation:

Entry date in the classroom: _____

TEAM Entry Date: _____ September 1, 20__ or February 15, 20__

First TEAM participation year: _____

Module(s) that will be completed during this school year (20__ to 20__):

Module(s) that will be completed during this school year (20__ to 20__):

Please indicate below if it is anticipated that a third-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