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| --- | --- | --- | --- | --- |
| District      | School      |  | Month of |       |
| Support Provider Name      | Grade/Subject      |  | Total Hours |       |
| Participating Teacher Name      | Grade/Subject      |  | (Include total hours from #1 &#2) |

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| **#1- DIRECT SP/PT CONTACT** |
| *Date* | *Activity* | *Time* |
| Sample9/05/10 | D, G | 3:00-3:30 |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
| **Total Hours** |       |

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| **REPORTING KEY** |
| **Code** | **Activity** |
| A | Assessment of students |
| B | Participating Teacher observation in another classroom or school |
| C | FACT Modules  |
| D | Discipline, time management, procedures/routines |
| E | Evaluation, working with administrator, school issues (field trips, open house) |
| F | Parent Communication |
| G | Lesson planning, curriculum, student content standards |
| H | Support Provider classroom demonstration for Participating Teacher |
| I | Support Provider observation of Participating Teacher |
| J | Induction Portfolio |
| K | Other |

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| **#2 – INDIRECT SP/PT CONTACT** |
| (email exchange, phone, informal conversations, etc.) |
| **Total Estimated Hours** |       |

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| **DIRECTIONS** |
| * **Minimum of 4 hours to be recorded each month.**
* Support Provider - complete monthly log, print hard copy, secure signatures, scan and emailto PT.
* Participating Teacher - upload to

E-Portfolio. * Logs must be uploaded by the first of every month.
* Late logs will result in SP stipend dock.
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| **NOTES TO PROGRAM** |
| [ ]  My SP orPT is on leave.(Personal, Medical, etc.)Dates:      [ ]  Other Notes:Please explain:       |

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| **Please note FACT Progression here****Complete (X), In Progress (P)** |
| **Year 1 & Year 2 FACT MODULE** | **ECO FACT MODULE** |
| A | B | C | D | A | B | C | C | D |
|       |       |       |       |       |       |       |       |       |

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| **SP/PT Weekly Meetings:** |
|       |
| Day and Time |

|  |  |
| --- | --- |
| **REQUIRED SIGNATURES** |  |
| *Signature of Participating Teacher* |  |
| *Signature of Support Provider* |  |
| *Signature of Site Administrator* |  |