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

|  |  |  |
| --- | --- | --- |
| **#1- DIRECT SP/PT CONTACT** | | |
| *Date* | *Activity* | *Time* |
| Sample  9/05/10 | D, G | 3:00-3:30 |
|  |  |  |
|  |  |  |
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|  |  |  |
| **Total Hours** | |  |

|  |  |
| --- | --- |
| **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 |

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

|  |
| --- |
| **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: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |  |  |  |  |

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

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