



Zachary Induction Plan Dialogue Journal

Zachary Community School District

Mentor: _____ New Teacher: _____

School: _____

Date: _____		Time: _____	
Initial: Mentor _____		Teacher _____	
Contact Method		Successes/Concerns/Needs/Summary of Discussion/Comments	
<input type="checkbox"/> Meeting			
<input type="checkbox"/> Professional Article			
<input type="checkbox"/> E-mail			
<input type="checkbox"/> Observation			
<input type="checkbox"/> Other: _____ _____			

Date: _____		Time: _____	
Initial: Mentor _____		Teacher _____	
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