

INDUCTION PLAN REVIEW RECORD

Student/Candidate _____ Home Phone _____

Work Phone _____ FAX _____ E-mail _____

University Advisor Extension

Employer Designated **Support Provider** Work Phone

Employer Designated **Evaluator** Work Phone

Employer Start date of Induction Plan

Address Anticipated End Date of Induction Plan

CANDIDATE PROGRESS MONITORING

	Accomplished Induction and Portfolio Activities	Satisfactory Progress or Completion
YEAR 1 Semester 1		Support Provider _____ Signature Date University Advisor _____ Signature Date
YEAR 1 Semester 2		Support Provider _____ Signature Date University Advisor _____ Signature Date
END OF INDUC- TION PERIOD		District Evaluator _____ Signature Date University Advisor _____ Signature Date