REGIONAL SCHOOL UNIT NO. 67

Teacher Action Plan (TAP)

Teacher's Name: _____ **School:** _____ **Date of TAP** ___/___/___

Mentor's Name: _____

Standard #4 Goal: **Plans instruction based upon knowledge of subject matter, students, and curriculum goals.**

OBJECTIVES/ACTIVITIES TO MEET THE GOAL	DOCUMENTATION CRITERIA (EVIDENCE THAT THE OBJECTIVE HAS BEEN MET OR THAT PROGRESS MEETING IT HAS BEEN MADE)	SUPPORT REQUIRED (RESOURCES NEEDED TO MEET THE OBJECTIVE)	TIMELINE	DATE DONE
Plan lessons that address variation in learning styles, developmental needs, and individual needs.	Copies of lesson plans throughout the year Copies of Student Work from a variety of lessons Reflective notes on lessons			
Plan instruction based upon curriculum goals.	Lesson plans throughout the year aligned to curriculum Copies of Student work from a variety of lessons Reflective Notes on lessons			
Increase knowledge in science by taking a class.	Copies of Class Syllabus Copy of Grade from Class Samples of Work Completed in Class			

Form for Teachers with Conditional, Targeted Needs, and Provisional Certification. Attach documentation to this form to support completion of the goal.

REGIONAL SCHOOL UNIT NO. 67

Teacher Action Plan (TAP)

Teacher's Name: _____ **School:** _____ **Date of TAP** ___/___/___

Mentor's Name: _____

Standard #6 Goal: **Creates and maintains a classroom environment which supports and encourages learning.**

OBJECTIVES/ACTIVITIES TO MEET THE GOAL	DOCUMENTATION CRITERIA (EVIDENCE THAT THE OBJECTIVE HAS BEEN MET OR THAT PROGRESS MEETING IT HAS BEEN MADE)	SUPPORT REQUIRED (RESOURCES NEEDED TO MEET THE OBJECTIVE)	TIMELINE	DATE DONE
Work with students to manage behaviors and assume responsibility for their actions.	Copy of Discipline Pyramid Record of Action Plans, Makeups, or Discipline Notices Notes from Observations			
Create an environment in which students can learn cooperatively and independently.	Photos of Classroom Notes from Observations Samples of Student Work			
Visit other classrooms to gain insight on classroom management techniques.	Notes and reflections from observations			

Form for Teachers with Conditional, Targeted Needs, and Provisional Certification. Attach documentation to this form to support completion of the goal.
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REGIONAL SCHOOL UNIT NO. 67

Teacher Action Plan (TAP)

Teacher's Name: _____ **School:** _____ **Date of TAP** ___/___/___

Mentor's Name: _____

Standard #___ Goal: _____

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OBJECTIVES/ACTIVITIES TO MEET THE GOAL	DOCUMENTATION CRITERIA (EVIDENCE THAT THE OBJECTIVE HAS BEEN MET OR THAT PROGRESS MEETING IT HAS BEEN MADE)	SUPPORT REQUIRED (RESOURCES NEEDED TO MEET THE OBJECTIVE)	TIMELINE	DATE DONE

Form for Teachers with Conditional, Targeted Needs, and Provisional Certification. Attach documentation to this form to support completion of the goal.