

## COLLABORATION LOG

Name \_\_\_\_\_ Mentor \_\_\_\_\_

Grade/Subject \_\_\_\_\_ Date \_\_\_\_\_

Duration \_\_\_\_\_

**Type of Collaborations** (Check all that apply):

- |                                 |                                       |                               |
|---------------------------------|---------------------------------------|-------------------------------|
| • Analyzing student work        | • Discussing individual student needs | • Observing a veteran teacher |
| • Communicating with parents    | • Discussing student assessment       | • Planning lesson             |
| • Creating classroom culture    | • IEP Development                     | • Post-Observation Conference |
| • Developing professional goals | • Modeling lesson                     | • Pre-Observation Conference  |
| • Discussing curriculum         | • Observing Instruction               |                               |
| • Using Technology              | • Reflecting                          |                               |
| • Providing resources           | • Other _____                         |                               |

**Positives:**

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**Key Points/Notes:**

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**Next Steps:**

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**Next Meeting Date:** \_\_\_\_\_

\_\_\_\_\_  
Beginning Teacher Signature

\_\_\_\_\_  
Mentor Signature