

**Gateway Regional School District  
Mentoring/Induction  
Observation Documentation**

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Mentee: \_\_\_\_\_

Mentor: \_\_\_\_\_

Year: \_\_\_\_\_

1. Complete chart dates

	Mentee of Mentor	Mentor of Mentee	Mentee of other staff person		
Dates of observation					
Dates of reflection conversations					

2. Please summarize results of observations and impact on your practice, and on mentee's practice.

3. Topics covered: