Gateway Regional School District
Mentoring/Induction
Observation Documentation

Mentee:_____________________________________________________

Mentor:_____________________________________________________

Year:_____________________________________________________

1. Complete chart dates

<table>
<thead>
<tr>
<th>Dates of observation</th>
<th>Mentee of Mentor</th>
<th>Mentor of Mente</th>
<th>Mentee of other staff person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates of reflection conversations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Topics covered: