



INTERIM REPORT ON PROFESSIONAL STAFF NEW TO THE DIVISION

To be completed by administrator and returned by **OCTOBER 31st** (or 40 teaching days after commencement of employment) to the Superintendent's Department.

NAME

NEW TO PROFESSION

SCHOOL/DISCIPLINE:

GRADE/SUBJECT(S) TAUGHT/AREA OF RESPONSIBILITY

From my observations of the work of this teacher/clinician based on classroom visits (for teachers), clinical practice (for clinicians) and other contacts with this staff member, I have formed the judgement checked below:

- I am satisfied with the progress this teacher/clinician is making.
- Although this teacher/clinician is having some difficulties, reasonable progress is being made.
- This teacher/clinician is encountering serious difficulties and is receiving further assistance.
- This teacher/clinician must show considerable improvement to merit recommendation for a second year. (*Applies only to teachers/clinicians new to the profession.*)

SUPERVISOR COMMENTS:

Date: _____

Signature: _____

TEACHER/CLINICIAN COMMENTS:

Date: _____

Signature: _____

c. Personnel File
Teacher/Clinician