UNION COUNTY PUBLIC SCHOOLS – HUMAN RESOURCES DIVISION
BEGINNING TEACHER/MENTOR ASSIGNMENT ROSTER
FAX: (704) 289-3103

School:_____ **Mentor Contact:**_____

Printed Name of Principal: _____

Principal's Signature:_____ **Date:** _____

Instructional Director's Signature: _____ **Date:** _____

Beginning teachers listed below should receive 4 formal observations, a summative evaluation and complete an Individual Growth Plan using the Teacher Performance Appraisal Instrument for Beginning Teachers (TPAI-BT).

Legal Name of Beginning Teacher		Teaching Assignment	Status (Check One)			Legal Name of Mentor	
Last Name	First Name		BT 1	BT 2	BT 3	Last Name	First Name