HERTFORD COUNTY PUBLIC SCHOOLS
Professional Files Information Sheet
2016-2017

Full Name (as it appears on teaching license):
School Name: **Grade/Subject:**
Mentor: **Lead Mentor:**
Lateral Entry Teachers Only:
Number of Coursework Hours Taken during 2016-2017:_____ (upload all transcripts)

Upload a copy of your Plan of Study. How many courses are remaining?

Upload praxis/pearson scores whether you pass or fail

Pearson/Praxis II Information: ☐ Passed ☐ Not Passed
☐ Taken ☐ Not Taken

Check off Actual Documentation Included in Packet. If not applicable to you, indicate NA:

- ☐ Professional File Information Sheet with proper signatures (this form)
  Beginning Professional Development Plan (PDF) 2016-2017
- ☐ Four (4) Observations 2016-2017 (If not four, write the number of observations provided during 2016-2017. One observation must be conducted by a peer trained on the New Teacher Evaluation Instrument)
- ☐ Teacher Summary Evaluation 2016-2017
- ☐ Professional /Staff Development Activities Documentation 2016-2017 upload certificates
- ☐ Beginning Teacher/Mentor Meetings Documentation 2016-2017 *(If Applicable) upload certificate*
- ☐ Teacher Talk Sessions Documentation 2016-2017 *(If Applicable) upload certificate*
- ☐ New Teacher Orientation 2015-2016 *(If Applicable) upload certificate*

Teacher Signature _____ Date _____

Mentor Signature _____ Date _____

Principal assessment of NC Professional Teaching Standards

The above teacher has:
☐ Demonstrated competency in the NC Professional Teaching Standards addressed in the PDF
☐ Demonstrated additional competency in the NC Professional Teaching Standards other than the competencies addressed in PDF '

☐ Standard 1 Teacher Demonstrate Leadership
☐ Standard 2 Teacher Establish a Respectful Environment for a Diverse Population of Students
☐ Standard 3 Teacher Know the Content They Teach
☐ Standard 4 Teacher Facilitate Learning for Their Students
☐ Standard 5 Teacher Reflect on their Practice

_____ _____
Principal's Signature Date