



DISCOVERY ACADEMY MENTOR WORKSHEET
(PLEASE COMPLETE ONE EVALUATION PER SEMESTER)

PLEASE CHECK WHICH APPLIES

- ☐ 1ST time course taught
☐ 1ST time instructor taught
☐ repeat course/same instructor

HS Instructor: _____ Semester/Year: _____

High School: _____ Number of Students: _____

Course Name: _____ Course Number: _____

SCTCC Mentor: _____ Number of Credits: _____

- A. ☐ I HAVE REVIEWED THE COURSE SYLLABUS/COURSE OUTLINE FOR THE FOLLOWING CONTENT:
1. Length and number of class meetings and how they will be used to cover the subject matter.
 2. Class lists and procedures for adding and dropping students.
 3. Appropriate monitoring of any probationary students.
 4. Library resources and college writing expectations.
 5. Required materials and tests.
 6. Attendance policy and how it applies to grading.
 7. Testing procedures and grading processes and calendar.
- B. ☐ I have attached the High School Discovery Academy Course Syllabus
- C. ☐ I have attached the SCTCC Course Syllabus
- D. ☐ I have observed the teacher while s/he is providing instruction to students
- E. ☐ I have observed and interacted with students and viewed sample classwork.
- F. ☐ I have attached examples of paired (SCTCC and HS) assessments, i.e.: final exams, lab exercises, essay assignments, grading rubric, etc.
- G. ☐ The teacher has completed at least one discipline specific professional development activity, of which we have discussed and I have attached the completed form
- H. ☐ I have attached signed copies of the High School Instructor and College Faculty Mentor Agreements, as well as, a completed Communication Log
- I. ☐ If this is a **first-time course**, and/or a **first-time instructor**, at least three interactions per semester are required. Complete the following record of meetings; (if this is a repeat course move to section F).

Signature of Mentor: _____

Date: _____



MENTOR/HS INSTRUCTOR MEETINGS
(PLEASE COMPLETE ONE EVALUATION PER SEMESTER)

_ PRE-CLASS MEETING

Date: _____ Location: _____
Comments: _____

_ IN-PERSON CLASS OBSERVATION (teaching methods, student interaction)

Date: _____ Location: _____
Comments: _____

OBSERVATION OF STUDENT WORK/PRESENTATIONS (quality/content/knowledge)

Date: _____ Location: _____
Comments: _____

_ Any additional observation/interaction or comments:

_ Any concerns noted:



DISCOVERY ACADEMY MENTOR WORKSHEET REPEAT YEARS

(PLEASE COMPLETE ONE FORM PER SEMESTER)

- F. If this is a **repeat course**, or a course that continues as part of a sequence, and/or with the same instructor, at least one in-person meeting and one other interaction is required annually.

___ 1st Meeting

Date: _____

Location: _____

Comments: _____

___ 2nd Meeting

Date: _____

Location: _____

Comments: _____

___ ADDITIONAL VISITS

Date/Time: _____

Purpose: _____

Comments: _____

___ Any concerns:

Signature of Mentor

Date

Signature of High School Instructor

Date

Signature K-12 Initiatives Director

Date