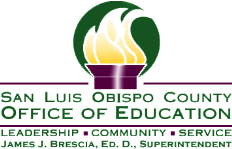
******IHE/Education Specialist Induction**

**Transition Document**

**Making a Connection: Teacher Preparation to Induction**

**Candidate Name:** Click here to enter text. **Credential Received: District:** Click here to enter text.

**University:** Click here to enter text. **Multiple Subject Induction Program:** Click here to enter text.

**IHE Representative:** Click here to enter text. **Single Subject Support Provider:** Click here to enter text.

**Special Education**

**in** Click here to enter text.

**Step 1 Directions: Based on evidence gathered during your teacher preparation program, use the first two columns to describe your strength(s) in relation to the following:**

|  |  |  |
| --- | --- | --- |
| **TPE Domain** | **Field Experience**  **(Student Teaching, Intern program, Out-of-State, Portfolio)** | **Implications**  **(To be completed with your Induction Support Provider)** |
| A: Making Subject Matter Comprehensible to Students | Click here to enter text. | Click here to enter text. |
| B: Assessing Student Learning | Click here to enter text. | Click here to enter text. |
| C: Engaging and Supporting Students in Learning | Click here to enter text. | Click here to enter text. |
| D: Planning Instruction and Designing Learning Experiences for Students | Click here to enter text. | Click here to enter text. |
| E: Creating and Maintaining Effective Environments for Student Learning | Click here to enter text. | Click here to enter text. |
| F: Developing as a Professional Educator | Click here to enter text. | Click here to enter text. |

**Step 2 Directions: Reflect on evidence gathered during your teacher preparation program and identify one to four tentative professional growth goals.**

|  |
| --- |
| Click here to enter text. |

**Step 3: The candidate is responsible for completion of this document and submission of one copy each to the IHE representative, Induction director, and district support provider for use in the Education Specialist Induction Program.**

**Documentation Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Candidate Signature/Date IHE Representative Signature/Date Participating Teacher Signature/Date Support Provider Signature/Date**