




**STEM-CTE  TEACH**  
**Teacher Assistant and Mentor (TeAM) Program**  
*Needs Assessment Form*

Mentee's Name: \_\_\_\_\_ School: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

☞☞ **TO THE MENTEE:** As part of the needs assessment process, please identify areas of concern on this form. You and your mentor will use this information to develop a personal plan of action.

**I. TEACHING AND LEARNING:**

YES    NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Planning   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Incorporation of multi-cultural perspective      |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Assessment and evaluation of students            |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Making assignments                               |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Recognize and provide for individual differences |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Assessing student records                        |

**PLAN:** \_\_\_\_\_

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**II. CLASSROOM MANAGEMENT:**

YES    NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Classroom control   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Interaction with pupils   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Classroom routine   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Classroom organization  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Use of strategies and personnel to assist students with special needs |

**PLAN:** \_\_\_\_\_

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**III. PRESENTATION OF SUBJECT MATTER:**

YES    NO

- |                          |                          |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Curriculum                     |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Presentation of subject matter |

**PLAN:** \_\_\_\_\_

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**IV. COMMUNICATION SKILLS:**

YES   NO

- a. Oral communication skills
- b. Written communication skills

**PLAN:** \_\_\_\_\_

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\_\_\_\_\_

**V. PROFESSIONAL EXPECTATIONS:**

YES   NO

- a. Ongoing personal/professional growth
- b. Participation in activities in the classroom
- c. Understanding of chain of command
- d. Collaboration with other professionals/ teacher assistants
- e. Awareness of responsibilities of the teaching profession

**PLAN:** \_\_\_\_\_

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\_\_\_\_\_

**VI. MISCELLANEOUS**

YES   NO

- a. Accessibility to students
- b. Ability to facilitate student involvement
- c. Understanding your mentor's role
- d. Understanding your responsibilities as a mentee

**PLAN:** \_\_\_\_\_

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**Additional Notes and Comments:**

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