

School \_\_\_\_\_

School Year \_\_\_\_\_

**BT/Mentor Contact Log**  
(Make copies as needed)

BT Name \_\_\_\_\_

Induction Coordinator \_\_\_\_\_

Mentor \_\_\_\_\_

Induction Support Coach \_\_\_\_\_

Date of Meeting	Start Time	Ending Time	Topics / Description of Activity	BT Signature	Mentor Signature	Support Coach Initial

*Please record your weekly meetings with your mentor **and** your monthly meetings Right Start Seminar meeting with your induction coordinator. The BT must keep a copy of his/her professional log to be signed monthly by his/her Induction Support Coach. Individual schools may have additional procedures regarding this log.*