Hudson County Schools of Technology

Support Activities/Action Plan

Teacher/Facilitator/Advisor _____Subject _____
Date _____Time _____Location_____
Program: Project Based: Yes ☐ No ☐

1. Observations:

2. Suggestions:

3. Recommendations:
   a. Peer Support/Mentor_____
   b. Observing Another Colleague/Teaching Practices _____
   c. Professional Development_____
   d. Classroom Management Techniques_____
   e. Physical Layout/Organization of the Instructional Environment_____
   f. Suggested Resources for the Enhancement of Instruction_____
   g. Cooperative Learning Strategies_____
   h. Time on Task _____
   i. Scheduling (Revision of classes or a change in students' Roster) _____
   j. Delivery of Instruction _____

4. Support Provided Thus Far :

5. Timeline for this Action Plan:

Signatures:

Teacher/Facilitator/Advisor _____
Principal/Vice or Ass't_____
Supervisor_____
Peer Supporter/Mentor_____