School of Education
Education Specialist INTERN Pathway

MID-PROGRAM THREE WAY CONFERENCE FORM

Review goals/objectives from Individual Induction Plan (IIP)

Meeting Date: ___________________________ School Site: ___________________________
Candidate: ___________________________ Local Support Teacher: ___________________________
University Supervisor: ___________________________ Administrator: ___________________________

1. In reviewing the goals and objectives from the Individual Induction Plan (IIP):
   a. What IIP goals has the candidate adequately met?
   b. What IIP goals need to be continued?
   c. What goals and timelines need to be adjusted?

2. IIP has been adjusted and updated on ___________________________.
   Date:

3. Supervisor has reviewed the Education Specialist Intern Supervision Checklist with the Local Support Teacher/Administrator:
   □ Yes    □ No
   The following items have been reviewed for updated progress:
   a. Lesson Plans Part A, B & C are complete and current: ___________________________
   b. Candidate's Activity Log is updated: ___________________________

Any further questions or concerns?