

| Apprentice Quarterly Progress Record (QPR) - Part 1 of 3 MA# <u>1149</u> Committee: Oregon Teaching Apprenticeship JATC | | | | | Clear Form | | |
|---|--|------------------------------|---|---|------------------------------|-------|----------------------------|
| <p>WORK PROCESSES: Enter the total hours from the previous Quarterly Progress Record in Column 'B'. Enter monthly, to the nearest hour, time spent on each work process; add the hours from Column 'B' plus monthly record hours and enter the total in Column 'C'. Keep a copy of each QPR for your next quarter's entry.</p> <p>COURSE COMPLETION: List the courses enrolled or completed during this month.</p> <p>Total Hours of on-the-job training (OJT) in the Program: 2800 Total Hours of Related Training Instruction (RTI) in the Program: 1850 (contact your RTP for semester/quarter credit equivalency)</p> | | | <p>email quarterly to: JATC Administrator: Susan.boe@tspc.oregon.gov</p> <p>Quarterly Submission Schedule:</p> <p>QTR 1: Jan-March: fifth workday of April QTR 2: April-June: fifth workday of July QTR 3: July-Sept.: fifth workday of October QTR 4: Oct-Dec.: fifth workday of January</p> | | Apprentice's Name: | | |
| | | | | | TSPC ID #: | | |
| | | | | | Address: | | |
| | | | | | Current Step: | | |
| | | | | | Agreement #: | | |
| | | | | | Submission Date of this QPR: | | |
| 'A' List work processes as in standards For more instruction on completing this QPR, see Training here and the Holistic Assessment & Evaluation Handbook and Competencies here | | 'B' Hours brought forward | WORK PROCESSES For each month, list the number of hours worked on each work process. Keep your records to the nearest hour. For accuracy and in preparation for your QPR submission keep track of your weekly hours on your own document to calculate your monthly totals. | | | | 'C' Total hours to date |
| | | | Month One | Month Two | Month Three | Other | |
| <u>Planning and Preparation</u> (400 hrs of total hrs in program) | | | | | | | |
| <u>Instruction</u> (400 hrs of total hrs in program) | | | | | | | |
| <u>Classroom and School Environment</u> (400 hrs of total hrs in program) | | | | | | | |
| <u>Professional Responsibilities</u> (400hrs of total hrs in program) | | | | | | | |
| <u>Demonstration of Student and Teacher Learning</u> (400 hrs of total hrs in program) | | | | | | | |
| <u>Other</u> (800 hrs of total hrs in program TBD by Individual Program) | | | | | | | |
| TOTAL WORK PROCESSES HOURS | | | | | | | |
| During which quarter and year were these hours obtained? | | Quarter: _____ | | | | | Year: _____ |
| COURSE COMPLETION List the classes enrolled and/or completed this month | | | | | | | |
| Enrolled: | | | | Completed (attach document/transcript as necessary) | | | |
| | | | | | | | |
| Apprentice: I certify that the above information is correct by signing below. | | | | Related Training Supervisor, SME, or Navigator/Advisor Certification of Information (Print Name): _____ | | | |
| Signature: _____ | | | | Signature: _____ | | | |

| Apprentice Quarterly Progress Record (QPR) Part 2 of 3 MA# 1149 Committee: Oregon Teaching Apprenticeship JATC | | | | Apprentice's Name: | | | |
|--|---|--|---------------------------|---|--|------------------------------|--|
| Subject Matter Expert (SME)/Mentor: Please complete and sign this document | | | | email quarterly to: JATC Administrator: Susan Boe susan.boe@tspc.oregon.gov | | TSPC ID #: | |
| | | | | | | Address: | |
| | | | | | | Current Step: | |
| | | | | | | Agreement #: | |
| | | | | | | Submission Date of this QPR: | |
| PROFESSIONAL PROGRESS | | | | | | | |
| SME/MENTOR: Please answer the following questions: | | | | | Yes | No | |
| 1. | Is the apprentice punctual? | | | | | | |
| 2. | Are they willing to learn? | | | | | | |
| 3. | Do they show initiative? | | | | | | |
| 4. | Is their quality of work good? | | | | | | |
| 5. | Do they follow established professional practices? | | | | | | |
| 6. | Is the apprentice eligible for rerating this month? | | | | | | |
| <i>All five boxes below must be checked YES for rerating at this time:</i> | | | | | | | |
| | 1. On-the-Job Hours = | | <i>required for STEP:</i> | | <i>Did the Apprentice complete these OTJ Hours?</i> | | |
| | 2. Related Training = | | | | <i>Did the Apprentice complete the RT hours?</i> | | |
| | 3. Benchmark Points Required = | | | | <i>Did the Apprentice receive the required benchmark points on the competencies that were measured?</i> | | |
| | 4. Prerequisites: | <i>Has the Apprentice completed the Prerequisite coursework by the end of Step 3?</i> | | | | | |
| | 5. No Unsatisfactory Marks: | <i>Is this statement correct? The apprentice has no unsatisfactory marks on their most current rubric measure. If no, please provide comments below (and attach a Support Plan to address competency area identified as "unsatisfactory" on the rubric measures).</i> | | | | | |
| SME/Mentor Comments Areas for Growth based on Unsatisfactory Marks: | | | | | | | |
| SME/Mentor Signature: | | | | | | | |

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| Apprentice Quarterly Progress Record (QPR) - Part 3 of 3 MA# 1149 Committee: Oregon Teaching Apprenticeship JATC | | Apprentice's Name: | |
| | | TSPC ID #: | |
| APPRENTICE: Please use this space to address any questions, or concerns, or to reflect on your current professional practice and any identified support plan for improvement. | email quarterly to: JATC Administrator: Susan Boe Susan.boe@tspc.oregon.gov | Address: | |
| | | Current Step: | |
| | | Agreement #: | |
| | | Submission Date of this QPR: | |
| | | PROFESSIONAL PRACTICE REFLECTION – COMPLETED BY THE APPRENTICE | |