

**Lexington City Schools**  
**Beginning Teachers: Optimum Working Conditions**

BT Name: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

BT Level: (circle one) BT1 BT2 BT3 BTLE 1 BTLE 2 BTLE 3

The following “optimum working conditions” must be met by each principal when working with BT teaching assignments:

**OPTIMUM WORKING CONDITIONS:**

The Department of Public Instruction encourages the following “Optimum Working Conditions” for Beginning Teachers to provide the novice educator the time to develop into capable professionals. As a school system we will follow the conditions to assure all beginning teachers have the optimal experience in Lexington City Schools during the first three years of their profession.

1. Assignments will be in the area of licensure or certification;
2. A mentor will be assigned early, and every effort will be made to assign someone in the same licensure area and in close proximity;
3. Orientation will be provided that includes state, district, and school expectations – every effort should be made to provide in the first year;
4. Limited preparations;
5. Limited number of exceptional or difficult students, and;
6. Extracurricular responsibilities discouraged. However, no more than one extracurricular responsibility at a time should be voluntarily accepted.

**Check All That Apply:**

\_\_\_\_\_ I am voluntarily requesting an extracurricular assignment as:

\_\_\_\_\_

\_\_\_\_\_ I voluntarily agree to accept assignment to an extracurricular duty as determined by the school principal based on the operational needs of the school program. Assignment: \_\_\_\_\_

\_\_\_\_\_ I voluntarily agree to accept temporary assignments to extracurricular duties where deemed necessary by the school principal. Assignment: \_\_\_\_\_

Lexington City Schools will work to meet these optimum working conditions for all new teachers to the greatest degree possible based upon the needs of each individual teacher and circumstances at the local school site.

I have met with this mentee and explained the need for optimum working conditions. I also agree to routinely assess the performance of the mentee to determine that optimum working conditions are maintained.

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the mentee, understand that I will discuss with my mentor and principal at any time an issue with my working conditions.

**Mentee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_