

Orientation Checklist Sample

Name _____ Date _____

Personnel files:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Application | <input type="checkbox"/> References |
| <input type="checkbox"/> Time card procedure/payroll | <input type="checkbox"/> W-4 forms |

Background Information on the Center:

- | | |
|--|---|
| <input type="checkbox"/> Brief history of the center | <input type="checkbox"/> Goals and philosophy |
| <input type="checkbox"/> Organizational structure | |

Staff Handbook:

- | | |
|--|--|
| <input type="checkbox"/> Job description/work schedule | <input type="checkbox"/> Personnel policies |
| <input type="checkbox"/> Cell phones | <input type="checkbox"/> Resignation and termination |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Other: |

Tour of the center:

- Where to safely put personal belongings (coat, purse, etc.); mailbox; break room/teacher space; bathroom; teacher resources

Classroom Orientation:

- | | |
|---|---|
| <input type="checkbox"/> Classroom schedule/routine | <input type="checkbox"/> Breaks |
| <input type="checkbox"/> Greeting children/parents | <input type="checkbox"/> Communication with parents |
| <input type="checkbox"/> Meals/snack | <input type="checkbox"/> Naptime |
| <input type="checkbox"/> Phone calls/messages | <input type="checkbox"/> Staff classroom responsibilities |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Medication/forms |
| <input type="checkbox"/> Incident reporting | <input type="checkbox"/> Children's files |
| <input type="checkbox"/> Parent handbook | <input type="checkbox"/> First aid kit |
| <input type="checkbox"/> Allergies/health concerns | <input type="checkbox"/> Calling in sick |

Daily Routine and Schedules:

- | | |
|--|---|
| <input type="checkbox"/> Circle time | <input type="checkbox"/> Open/close |
| <input type="checkbox"/> Diapering/toileting | <input type="checkbox"/> Cleaning classroom |

Duties outside of classroom:

- | | |
|---|--|
| <input type="checkbox"/> Staff meetings/trainings | <input type="checkbox"/> Parent events (Open House, conferences) |
|---|--|

Licensing Requirements:

- | | |
|---|--|
| <input type="checkbox"/> Read Licensing Rules | <input type="checkbox"/> Mandatory reporting |
| <input type="checkbox"/> Confidentiality | |

Classroom Management:

- | | |
|--|--|
| <input type="checkbox"/> Voice level | <input type="checkbox"/> Positive child guidance |
| <input type="checkbox"/> Classroom supervision | <input type="checkbox"/> Playground supervision |
| <input type="checkbox"/> Birthday/holidays | <input type="checkbox"/> Other: |

Staff signature: _____ Director/supervisor signature: _____