Initiated by the University Supervisor or Cooperating Teacher when needed

Need for Improvement Action Plan

The following action plan is for ____ will begin on _____________________________. This plan will be reviewed by the University Supervisor, Cooperating Teacher, and Teacher Candidate each week to determine the amount of progress being made toward the identified goals. The date to review improvement is determined and recorded below. Failure to make significant progress toward stated goals will result in modification or termination of the Clinical Practice assignment based upon the University Supervisor's and/or Cooperating Teacher's recommendation.

Areas of Concern:
☐ ☐ ☐ ☐
Specific Goals for Improvement:
☐ ☐ ☐ ☐
To Be Reviewed On: ____

Signatures:

____
University Supervisor

____
Cooperating Teacher

____
Candidate

____
Program Director/Associate Dean