

STUDENT TEACHING ACTION PLAN

Name: _____

Cooperating Teacher: _____

University Coordinator: _____

Administrator: _____

Date: _____

Statement of Concern: _____

Directions:

- ◆ Identify problem
- ◆ Conferences: include University Coordinator, cooperating teacher and others as needed.
- ◆ Develop and record Responsibilities Plan.
- ◆ Establish time line.
- ◆ Tasks checked related to timeline.
- ◆ State options/alternatives

Identify areas of concern:

1. Classroom management discipline _____ 3. Planning _____ 5. Other _____
2. Resources _____ 4. Professionalism _____

Comments: _____

I have read the above comments and have also received a copy for my records.

Student's Signature _____ Date _____

University Coordinator's Signature _____ Date _____

Chair or Designee's Signature _____ Date _____

1 copy each to: student teacher, cooperating teacher, university coordinator and the student teaching office