

CENTER FOR CLINICAL EXPERIENCES

TEACHER CANDIDATE ACTION PLAN

Teacher candidate _____ Conference date: _____

Cooperating Teacher _____ University Coordinator/Faculty _____

Identify areas of concern:

Classroom management/discipline	<input type="checkbox"/>	Instruction	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	Assessment	<input type="checkbox"/>
Organization	<input type="checkbox"/>	Materials/resources	<input type="checkbox"/>
Relating to others	<input type="checkbox"/>	Professionalism	<input type="checkbox"/>
Attendance/prioritizing obligations	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Statement of Concern:

Goal for improvement:

Measure of success: *What evidence will indicate successful achievement of this goal?*

Action Steps:	By when:	Review date:	Completed:

Additional comments:

I have read the above comments, understand my responsibilities and received a copy of Action Plan.

(Teacher Candidate signature) Date: _____

(Cooperating Teacher signature) Date: _____

(University Coordinator or Faculty signature) Date: _____

(CCE Director or Designee) Date: _____