

CENTER FOR CLINICAL EXPERIENCES

Teacher Candidate Action Plan

Teacher candidate _____ Conference date _____

Cooperating Teacher _____ University Coordinator/Faculty _____

Identify areas of concern:

Classroom management		Instruction	
Preparation		Assessment	
Organization		Materials/resources	
Relating to others		Professionalism	
Attendance/prioritizing obligations		Other _____	

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 this Action Plan.

(Teacher Candidate signature) Date: _____

(Cooperating Teacher signature) Date: _____

(University Coordinator or Faculty signature) Date: _____

(CCE Director or Designee) Date: _____