



Action Plan For Students or Candidates

Date

Name (Last, First, MI)

University ID #

Program:

- Early Childhood Elementary Education Special Education School Nursing
- Art Biology Chemistry Earth and Space Science Environmental Science
- English French German History Mathematics Physics Spanish

Expected Semester of Student Teaching: _____

Program Coordinator or Designee (e.g. Advisor): _____

Other Meeting Participants

Name

Position

Name

Position

Name

Position

(A Program Coordinator or designee, and student candidate must be in attendance. Other affected parties may participate.)

Action Plan starting date _____

Progress check date(s) _____

Action Plan ending date _____

Summary of student/candidate's strengths and areas of concern.

Strengths:

Areas of concern:

(Specifically describe the action(s) or incident(s) that initiated this plan. Include the entire sequence of events taking place including actions taken prior to and after the event/incident(s) and identify all affected parties. Use additional sheets if necessary)

Related Standard(s) addressed (These can be state standards, the Safety and Technical Standards, and/or specific program standards)

Goal(s) to be met:

(Specify here what the outcome will be. For example, the goal for taking a particular action might be to raise the GPA, meet a particular standard or show improvement in a disposition, etc.)

Methods: (Identify a requirement or method for each of the goals/ identified. Be specific. For example, if a course is required, specify a grade; specify how a candidate will prepare for taking an exam, etc.)

Schedule for completing requirements:

(Include a timeline with a specific ending date for each requirement)

Method(s) of evaluation:

Description of evaluation method(s):

Who will be responsible for the evaluation(s)?

What criteria are necessary for a candidate to have met the requirement?

Support Services, if applicable:

(University offices, such as ACE, counseling center, tutoring labs, writing clinic, etc)

Consequences if goals are *not* met in the specified timeline:

(Be specific)

By signing here, I agree to all terms of this Action Plan. If I do not meet ALL requirements as set by CTE and/or my program by the agreed upon dates, I understand that I may be counseled out of the teacher preparation program.

Student/Candidate's Signature

Program Coordinator's or Designee's Signature

Signatures of the student/candidate and program coordinator or designee are required.

The student/candidate and the program coordinator or designee must keep copies of this form.
The original must be sent to the Council on Teacher Education.