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**COUNCIL ON TEACHER EDUCATION****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.

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Student/Candidate's Signature

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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.

