CSU CHICO • DEPARTMENT OF EDUCATION

CREDENTIAL CANDIDATE IMPROVEMENT PLAN

Credential Candidate _____ Semester _____ School _____

University Supervisor/Instructor _____ Cooperating Teacher _____

Two-Week Period of this Contract _____

Areas of Concern: Please list specific areas of concern, in detail, (with matching TPE indicated). (May be continued on a separate sheet, please attach)	**Specific Improvement Actions Required:** This plan identifies specific concerns. The candidate is expected to show continued growth in all TPEs. Failure to improve could result in dismissal from the program.

Supervisor/Instructor: Once signed, please provide a copy to the candidate, cooperating teacher, and the Department of Education for candidate file.

Credential Candidate Signature _____ Date_____

Cooperating Teacher Signature _____ Date_____

University Supervisor/Instructor Signature _____ Date_____

Supervisor/Instructor: At the end of the term of this plan, check your recommendation, sign and date below, and provide a copy to the candidate and Department of Education for candidate file.

❒ Improvement Plan successfully met ❒ Shows some growth; another 2-week plan initiated ❒ Terminated from placement/NC in course

Date _____ Signed _____ _____ _____

Supervisor/Instructor *Cooperating Teacher* *Program Coordinator*