

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 School 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 School 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