

**At-Risk Teacher Candidate Action Plan**

(*see Practicum Handbook, Appendix L for sample and guidance*)

**Teacher Candidate**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concern #1 –**

*Action(s) Required to Improve Performance*:

*Evaluation Criteria:*

**Concern #2 –**

*Action(s) Required to Improve Performance*

*Evaluation Criteria:*

If all ratings on the Action Plan are not meet and maintained at the Proficient or Exemplary level by the end of the placement, the teacher candidate may not be endorsed for licensure by Fitchburg State University. The candidate’s signature below indicates understanding that if the Action Plan is not acceptably met with consistency, endorsement cannot be awarded.

***Signed:***

Teacher Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Dean of Education

 Program Chair



**At-Risk Teacher Candidate Action Plan Check-in Record**

Rating Scale: 1=Does not meet Standard 2=Needs Improvement 3=Proficient 4=Exemplary

**Teacher Candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Concerns** | **Check-in points****(weekly)** | **Rating**(*enter number*) | **Initials of Supervising Practitioner** | **Initials of Teacher****Candidate** | **Initials of Program Supervisor**  |
| **Concern #1**  | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |
| **Concern #1** | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |
| **Concern #2** | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |
|  **Concern #2**  | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |
| **Concern #3** | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |
| **Concern #3** | **1st check-in/date:** |  |  |  |  |
| **2nd check-in/date:** |  |  |  |  |
| **3rd check-in/date:** |  |  |  |  |
| **4th check-in/date:** |  |  |  |  |
| **5th check-in/date:** |  |  |  |  |



**At-Risk Teacher Candidate Action Plan Summary Evaluation and Recommendation**

(completed at the end of the evaluation period)

Teacher Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe actions taken by Teacher Candidate to improve performance (*completed by appropriate Supervisor with input from the Teacher Candidate*):

Recommendation (*completed by Supervisors*):

* Action Plan met; all other practicum expectations satisfactorily completed; candidate eligible for endorsement
* Termination of Practicum
* Continue in Practicum
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Candidate Comments:

Supervising Practitioner Comments:

Program Supervisor Comments:

Teacher Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervising Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Program Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

***Forward completed pages to Dean of Education and Program Chair***