



SCHOOL OF EDUCATIONAL STUDIES

Student Concern Report Student Teaching - Corrective Action Plan

Name of student:	Date:
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This form notes professional *disposition*, *academic*, and/or *field* performance concerns about candidates pursuing teacher certification. It describes the concern and indicates desired action in response to the concern on the part of both IWU faculty and the student. Documentation of responsive action should be attached. The faculty member signs the form upon completion; the student signs the form in acknowledgment. The form remains on file until the student successfully completes, or withdraws from, the teacher certification program.

Dispositional reasons include, but are not limited to:

- An uncooperative attitude toward learning and supervision
- Repeated concerns about professionalism in conduct, language, attire, confidentiality, punctuality, and/or attendance
- Inappropriate physical or verbal interactions
- Failure to adhere to confidentiality protocols, DCFS reporting requirements, and the Illinois Educator Code of Ethics https://www.isbe.net/Documents/educator_COE_0311.pdf
- Behavior that is irresponsible, damaging, or possibly harmful to students
- Mental or physical health issues that affect the student teacher's performance

Academic/Field Performance reasons include, but are not limited to:

- Repeated inaccurate or incomplete content instruction
- Repeated ineffective use of teaching strategies
- Repeated failure to secure and maintain an effective learning environment
- Failure to complete the student teaching requirements outlined in the Student Teaching Handbook

The Corrective Action Plan should include the following:

- Statement of area(s) of needed improvement (dispositional and/or field performance)
- Specific strategies to be implemented
- Specific outcomes desired and person(s) responsible for verification of those outcomes
- Target dates for accomplishing specific outcomes
- Consequences of not fulfilling the Corrective Action Plan requirements (refer to ST handbook)
- Date and signature of the IWU faculty member and student teacher. The completed document will be shared with the Dean of the School of Education. If this is an issue related to a clinical placement, the Director of Field Placement will also receive a copy.

We have the following concerns about the student named above: (dispositional &/or field performance)

ACTION ITEMS:

Dates of meetings/conferences/phone calls and names of individuals in attendance
Strategies to be implemented
Specific outcomes desired and the name of the person who will verify them.
Target dates for accomplishing specific outcomes.
Consequences for not meeting the expectations.

Faculty Signature:	Date:
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FOR THE STUDENT

I am aware of this concern. I understand that I may submit a response. If asked, I will submit a plan for remedial action, within one week of the date below. I understand that failure to do so will jeopardize my status in the Teacher Education Program.

Student Teacher's Signature:	Date:
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Note - You may sign this electronically and return it via email. If you wish to respond to this in writing, add it here.....