

Educator Disposition Intervention/Remediation Plan

The form is completed by the Educator Review Committee. Completed forms are submitted to the student, the faculty advisor, the Dean of Education, and the Executive Director of Graduate Studies. All forms are then placed in the candidate's departmental file.

Candidate: _____ Major: _____ Date: _____

Candidate Intervention/Remediation

The candidate who fails to meet any CAEP/state mandated candidate performance assessment benchmark and fails to evidence acceptable mastery of any identified element of the state standards and the associated indicators/InTASC Standards at the accomplished or exemplary level, or fails to demonstrate acceptable performance of dispositions is referred to the Educator Review Committee (ERC) for intervention/remediation.

Dispositions are assessed throughout the program of study. If a candidate is referred due to dispositional concerns, he/she is required to participate in some form of intervention/remediation which is documented on this form and kept in the student's/candidate's file. If the student/candidate dispositions fail to improve, the Educator Review Committee may recommend the dismissal of the individual from the program. The final decision is that of the Dean of Education and Executive Director of Graduate Studies.

Reason for Intervention/Remediation (check all that apply):

_____ Academic Progress:

Comments _____

_____ Dispositions:

Comments _____

_____ Other:

Comments _____

Intervention/Remediation Plan:

I have read and understand the Candidate Intervention/Remediation Plan and its full implications regarding my continued progress in the Teacher Education Program at the University.

Candidate's Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Director of Clinical Experiences Signature: _____ Date: _____

Outcome of Remediation Plan

End of semester outcomes/results of intervention/remediation (check all that apply):

_____ Candidate failed to fulfill academic/dispositional progress goals:

Comments:

_____ Candidate fulfilled academic/dispositional progress goals:

Comments:

_____ Other:

Comments:

Follow Through:

_____ Candidate critical task is re-assessed and re-graded to indicate acceptable performance

_____ Candidate grade is changed from an "I" in the original course to the earned grade

_____ Other – Please explain

Plan of Action:

_____ Candidate is recommended to progress in the Teacher Education Program

_____ Candidate is recommended for dismissal from the Teacher Education Program

Additional Comments:

Director of Clinical Experiences Signature: _____ Date: _____

Approval/Denial of Plan of Action:

- Plan of Action is Approved
- Additional Intervention/Information is Needed

Additional Comments:

Dean of Education Signature: _____ Date: _____