

STUDENT TEACHING ACTION PLAN

Name: _____

Cooperating Teacher: _____

University Coordinator: _____

Administrator: _____

Date: _____

Statement of Concern: _____

Directions:

- ◆ Identify problem
- ◆ Conferences: include university coordinator, cooperating teacher and others as needed
- ◆ Develop and record responsibilities plan
- ◆ Establish time line
- ◆ Tasks checked related to timeline
- ◆ Options/alternatives

Identify areas of concern:

- | | | |
|--|--------------------------|----------------|
| 1. Classroom management discipline _____ | 3. Planning _____ | 5. Other _____ |
| 2. Resources _____ | 4. Professionalism _____ | |

Comments: _____

I have read the above comments and have also received a copy for my records.

Student's Signature _____ Date _____

University Coordinator's Signature _____ Date _____

Chair or Designee's Signature _____ Date _____

I copy each to: student teacher, cooperating teacher, university coordinator and the student teaching office