

Teacher Candidate: _____ J Number: _____

Clinical Supervisor or Cooperating Teacher: _____ Date: _____



Center for Teacher Quality

IMPROVEMENT PLAN

Objective# _____ : _____

Instructions:

An Improvement Plan must be completed for **each** observation rating of "1" or "2" on an objective (as given on the *Performance Observation Rating Sheet*). Clinical Supervisors must complete both areas: "Observation details" and "Suggested performance improvement" for each "1" or "2" the candidate receives. Send a copy of the completed Improvement Plan to JSU in the pre-addressed, stamped envelope provided. If **two consecutive** *Improvement Plans* are required, the Director of Teacher Education must be notified at

Observation details for ratings of "1" or "2" (Describe the situation and behavior that guided you to select a rating of "1" or "2" for this objective):

Suggested performance improvement for ratings of "1" or "2" (List the steps the Teacher Candidate must take to improve performance for the next observation on this objective. Describe the steps the Clinical Supervisor or team members will take to help the Teacher Candidate improve on this objective):

Optional: Suggested Resources for ratings of “1” or “2” (List the resources the Teacher Candidate may access to improve performance for the next observation on this objective):

The observation details and suggested improvements indicated above have been discussed with me. I understand I need to perform the suggested improvements to improve the quality of my teaching. Failure to follow and accomplish this action plan within the designated one week time frame (before the next observation) may result in removal from Student Teaching and/or redirection to a degree program which does not lead to teacher certification.

Signature:

Teacher Candidate: _____

Clinical Supervisor or Cooperating Teacher: _____

Date: _____