



**Teacher Candidate Plan of Improvement**

**Alliant International University**

**Teacher Education Program**

Term FA\_\_\_\_\_ SP\_\_\_\_\_

Candidate Name: \_\_\_\_\_ Student ID# \_\_\_\_\_ Date: \_\_\_\_\_

Teaching Area: \_\_\_\_\_) Elementary\_\_\_\_\_ ) Middle\_\_\_\_\_ ) Secondary (Subject\_\_\_\_\_ ) Special Education\_\_\_\_\_ )

Area of need or growth	Steps for Remediation

Date for follow-up assessment: \_\_\_\_\_

(Time and location of follow-up assessment determined by teacher candidate and supervising teacher or SERC Chair)

\_\_\_\_\_

Teacher Candidate Signature & Date

\_\_\_\_\_

Supervising Teacher or SERC Chair Signature & Date

(Teacher candidate signature signifies the receipt of this document, but not necessarily agreement)

**Follow-up Assessment**

This plan of improvement has been:  Fully accomplished  
 Partially accomplished  
 Not accomplished

**Recommendation to Dean of Education following Plan of Improvement:**

Continuation in program  
 Additional Plan of Improvement  
 Dismissal from AIU Teacher Education Program

\_\_\_\_\_ Date \_\_\_\_\_

Teacher Candidate Signature

Supervising Teacher or SERC Chair Signature

(Teacher candidate signature signifies the receipt of this document, but not necessarily agreement)