



Teacher Candidate Performance Plan Teacher Education Program

Date: _____

Candidate Name: _____ Student ID#: _____

Alliant Student Email Address: _____

Term (Select One): _____ T1 _____ T2 _____ T3 _____ T4 _____ T5 _____ T6

Current Course: _____

Program Pathway:

- _____ Student Teaching
- _____ Standard Intern
- _____ Bilingual Authorization

Program Track:

- _____ SPED – Mild/Mod
 - _____ Multiple Subject
 - _____ Single Subject
- (Subject Area: _____)

School District: _____ School Site: _____

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
Teacher Candidate signature signifies the receipt of this document, but not necessarily agreement.

Supervising Teacher or SERC Chair Signature & Date

Follow-Up Assessment

This Teacher Performance Plan has been:

- _____ Sufficiently Accomplished
- _____ Partially Accomplished
- _____ Insufficiently Accomplished

Date: _____

Recommendation to Dean of Education following
Teacher Performance Plan:

- _____ Continuation in Program
- _____ Additional Teacher Performance Plan
- _____ Dismissal from Alliant Teacher Education Program

Teacher Candidate Signature & Date

Teacher Candidate signature signifies the receipt of this document, but not necessarily agreement.

Supervising Teacher or SERC Chair Signature & Date