

Communication of Concern

Procedures

When a UofL student is not performing successfully during the semester due to not meeting either dispositional and/or program related standards (KTPS/InTASC, CAEP, SPA, etc.), the following procedures should be followed:

- 1) A *Communication of Concern* (CofC) should be initiated with the UofL student. The initiator/author of the CofC will contact the appropriate Assistant Department Chair. The Assistant Department Chair will check the students' file and report on any prior or current CofCs. The Assistant Chair may contact other CEHD course instructors, advisor and supervisors to ask if there are any dispositional or academic concerns in their course or field placement. The author of the CofC will compile any additional information from instructors, advisor, or supervisor(s) and meet with the student (and a minimum of one other person) to discuss and implement the CofC. After the CofC document is signed, the author of the CofC will send the signed document to the EPSS office where it will be filed and distributed to the appropriate personnel: Instructors, Program Advisor, Cooperating Teacher, OEDCP Director, Educator Preparation Student Service (EPSS) office, Department Chair/Assistant Chair and MTRP Coordinator. Timeline dates to show progress on action steps should be of adequate length.
- 2) If *CofC* action steps were not met or if additional concerns arise, an *Intensive Assistance Plan (IAP)* should be initiated with the UofL student and the following personnel should be notified: Supervisor, Capstone Instructor, Program Advisor, Cooperating Teacher, OEDCP Director, EPSS office, School Principal and/or Department Chair/Assistant Chair or designee.
- 3) If the *IAP Step 4: Behaviors to be demonstrated* are not observed, the student will be asked to meet Department Chair/Assistant Chair, Program Advisor, OEDCP Personnel, School Principal, and others as deemed necessary to discuss options. For students who receive an IAP who are enrolled in the student teaching semester, options may include 1) extending student teaching 2) withdrawing and repeating student teaching semester with intervention, or 3) withdrawing from student teaching and seeking degree without a recommendation for certification. NOTE: UofL's Educator Preparation Program Certification Officer recommends UofL students for Kentucky certification upon meeting all requirements as delineated.
 - a. Extending student teaching – requires observable evidence that indicates IAP behaviors could be demonstrated if 1-3 weeks additional time were added in December or May
 - b. Withdrawing and repeating student teaching semester with intervention – requires observable evidence that indicates IAP behaviors could be demonstrated if additional experiences were completed (i.e., designing and teaching lessons for summer camps, informal learning centers, attending conference/PD; taking coursework)
 - c. Withdrawing from student teaching and seeking degree without certification - requires observable evidence from more than one source that indicates *IAP* behaviors would NOT be demonstrated – EASS or EPSS advisor completes degree check to ensure coursework is complete (hours at 300 level, GPA, etc.). The UofL student signs *Statement of Understanding Eligibility for Degree without Teacher Certification*. This form is filed in the student's permanent CEHD file. Director of Graduate (MAT) or Undergraduate (BS) Advising is involved during this entire process.

***Statement of Understanding Eligibility
for Degree without Teacher Certification***

I, _____, understand that I have been approved by the Department of _____ to receive the _____ degree in _____ WITHOUT teacher certification. I understand that I will not be eligible to apply for a teaching certificate in Kentucky or any state with this degree.

If I should decide that I do want to pursue certification after being awarded this degree, I understand that I am not guaranteed re-admission and would be subject to any changes in admissions and certification requirements that have occurred at both the state and College level.

It is my responsibility to officially apply for my degree at ulink.louisville.edu by the posted semester deadline. It is also my responsibility to apply for Commencement (if I wish to participate) at <http://louisville.edu/commencement>.

Student Signature

Date

Department Chair Signature

Date

EASS Signature

Date

Intensive Assistance Plan

Date/time of Meeting:

U of L Candidate:

Student ID#:

Program:

Advisor:

Phase in Program (Circle one): Pre-Professional Professional-Coursework Professional – Field/Clinical Experiences

Advisory Committee Members

List names and role (supervisor, advisor, instructor, etc.)

Step 1: Documentation of Concerns

Step 2: Notification of need for Intensive Assistance Plan Meeting

Step 3: Assistance needs

Step 4: Behaviors to be demonstrated:

Step 5: Resources Provided

Satisfactory Completion of Program

The IAP Committee will confer during bi-weekly intervals to assess progress. To meet satisfactory progress on Targeted Dispositions and Standards, _____ must demonstrate **high rates of fidelity and the accurate delivery of professional dispositions** during _____.

Candidate Signature

Advisory Committee Member's Signature

Advisory Committee Member's Signature

Advisory Committee Member's Signature

Advisory Committee Member's Signature

Communication of Concern

Meeting Date/Time: _____

I. Participants

U of L Candidate: _____

Student ID#: _____

Program: _____

Advisor: _____

Phase in Program (Circle one): Pre-Professional Professional-Coursework Professional-Field/Clinical Experiences

Name of Person(s) Initiating Meeting: _____

Role(s) (Indicate one): Faculty/Instructor Cooperating/ Mentor Teacher Supervisor Advisor Other: _____

Participating in meeting:

Name	Role	Signature
1. _____	_____	_____
2. _____	_____	_____

II. Description of Concern

Nature of the Concern(s): Dispositions Coursework Field/Clinical Performance Other: _____
(Indicate all that apply)

Description of targeted need/issue/concern (use back, if necessary):

Alert only, no action required Action Plan Required (Complete table below)

III. Action Plan

List the actions that will be taken to support the success of the teacher candidate

Action Steps	Who will implement (candidate, instructor, etc.)	Timeline
1.		
2.		
3.		

VII. Follow-up is expected of (please check all that apply):

Candidate: ___ Faculty/Instructor: ___ Teacher: ___ University Supervisor: ___ Other: _____

Date(s) of Follow-Up: _____

Signature of Candidate: _____

Signature of Dept. Chair/Asst. Chair _____

Contents of this Communication of Concern will be taken into consideration for program admission and/or student teaching. A conference with faculty may be required prior to making any final decision.

[Copies to: Candidate's EASS file, Dept. Chair/Asst. Chair, Advisor, and Candidate]