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.
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

____________________________________
Advisory Committee Member’s Signature
Communication of Concern

Meeting Date/Time: ________________________________

I. Participants

U of L Candidate: ____________________________
Program: ____________________________
Phase in Program (Circle one): Pre-Professional Professional-Coursework Professional-Field/Clinical Experiences
Student ID#: ____________________________
Advisor: ____________________________

Name of Person(s) Initiating Meeting: ________________________________

Role(s) (Indicate one):
Faculty/Instructor Coordinating/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

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Who will implement (candidate, instructor, etc.)</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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]