

Date/time of Meeting: _____

I. Participants

U of L Candidate: _____ Program: _____

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

Name of Person(s) Initiating Meeting: _____

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

Participating in meeting (other than two names listed above):

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

II. Description of Concern

Nature of the Concern(s): Dispositions Coursework Field/Clinical Performance Other: _____
 (Circle 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 _____

[Copies to: Candidate's file in Education Advising and Student Services (EASS), Dept. Chair/Asst. Chair, Advisor, and Candidate]