

Student Teaching Improvement Plan

Name of Student:	Date:
School District/Building:	Grade/Placement:
Cooperating Teacher:	_College Supervisor:
It has been noted that the student is not appropriate personal attribute(s) required during student teach	tely demonstrating the following professional and/or ing:
 a. Competence in written and oral expression b. Professional attitude c. Personal enthusiasm d. Ethical, moral character e. Personal organization f. Ability to meet deadlines 	 g. Good interpersonal skills h. Ability to accept and profit from constructive criticism i. Personal maturity j. Use of prudent judgment k. Professional appearance and dress l. Attendance m. Demonstrates professional growth in planning, lesson execution, and reflection at a level expected for the identified stage of field experience
The following actions should be taken immedia space is needed):	ately (include dates and attach additional document if more
Progress regarding the identified professional and/or personal attributes will be evaluated on	
College Supervisor:	
The student teacher's signature below acknowledges that he/she reviewed the plan. Student Teacher Signature:	