

Statement of Concern and Performance Improvement Contract

Candidate

Name: _____ Date: _____

If at any time during clinical practice the school site or university supervisor determines that the learning of K-12 students is negatively impacted by the teacher candidate, said teacher candidate will be removed from the school site and receive no credit. Continuation in the program will be determined by the program coordinator, clinical practice coordinator, and the Director of Education.

If stipulations of this contract are not met, one or more of the following will occur:

- Continue with Performance Improvement Contract
- Removal from Program
- Removal from Placement and/or course
- Credit
- No Credit

Subsequent course instructors, clinical practice cooperating teachers, and university supervisors may receive a copy of this Statement of Concern in order to continue to support your progress.

Required Signatures:

I acknowledge receipt of this Statement of Concern and Performance Contract:

Candidate _____
Date

Signatures of Appropriate Personnel

Required signatures:

Program Coordinator _____
Date

Director, School of Education _____
Date

Dean (or Designee), CEHHS _____
Date

As needed/as appropriate:

Course Instructor /or University Supervisor _____
Date

Cooperating Teacher _____
Date

On-Site Liaison _____
Date

Clinical Practice Coordinator _____
Date

Program Coordinator Signature _____
Date

Statement of Concern completed by:

Print Name/Title _____
Date

Cc: Clinical Practice Coordinator

Program Coordinator