

TRACKING FORM FOR USE DURING PROBATION/PLAN OF SUPPORT PERIOD

Student _____ Semester _____
Student Teaching Placement _____
Cooperating Teacher _____
College Supervisor _____

Reasons for Probation/Plan of Support:

Time Frame: from _____, 201__ to _____, 201__.

Conditions for Success:

Observation/Consultation #1: (note date, observations, what was discussed/communicated, assessment of progress towards stated goals/criteria for success)

Signature of College Supervisor/Date Signature of Student Teacher/Date

Observation/Consultation #2: (note date, observations, what was discussed/communicated, assessment of progress towards stated goals/criteria for success)

Signature of College Supervisor/Date Signature of Student Teacher/Date

(Add on Observation/Consultation notes for each subsequent observation and review as needed.)

Determinations: The persons responsible will determine if the designated criteria have been met and if Probationary Status/Plan of Support will be terminated. Notes summarizing this discussion should be recorded in this section, signed and dated.

Signature of College Supervisor/Date

Signature of Cooperating Teacher/Date

Student Acknowledgement and Acceptance: I acknowledge receipt of this notification regarding my Probationary Status and/or Plan of Support. I further understand that this decision may be appealed per Education Department and/or College policy.

Student Teacher Signature

Date

College Supervisor Signature

Date

Director of Student Teaching Signature

Date