

Plan for Improvement in Clinical Practice

Student: _____

M#: _____

Major: _____

Practicum: _____

SEM: _____

Instructor: _____

Coop Teacher(s): _____ Not known yet

The teacher candidate failed to demonstrate adequate progress in his/her practicum placement in the areas listed below. **(Please Check All That Apply)**

Kentucky Teacher Performance Standards (InTASC)

- | | |
|---|---|
| <input type="checkbox"/> 1. Understands learner development. | <input type="checkbox"/> 6. Applies multiple methods of assessment. |
| <input type="checkbox"/> 2. Understands learner differences. | <input type="checkbox"/> 7. Plans and implements rigorous and engaging instruction. |
| <input type="checkbox"/> 3. Works with others to create positive learning environments. | <input type="checkbox"/> 8. Models and implements a variety of instructional strategies. |
| <input type="checkbox"/> 4. Demonstrates content knowledge appropriate for grade level. | <input type="checkbox"/> 9. Engages in continuous professional learning and ethical practice |
| <input type="checkbox"/> 5. Demonstrates application of content. | <input type="checkbox"/> 10. Seeks leadership roles and opportunities to take responsibilities. |

Dispositions

Professional Commitment and Responsibility

- 1. Maintains appropriate confidentiality.
- 2. Demonstrates compliance with laws/regulations/policies/standards.
- 3. Maintains professional appearance.
- 4. Is prepared for class or appointments.
- 5. Is punctual for class or appointments.
- 6. Demonstrates honesty/academic integrity.

Professional Relationships

- 7. Demonstrates high expectations for others.
- 8. Demonstrates respect for the beliefs of others.
- 9. Demonstrates and/or promotes effective collaboration skills (with colleagues, instructors, students).
- 10. Demonstrates respect for cultural differences.
- 11. Demonstrates patience with/and compassion for those experiencing difficulty in the learning process.
- 12. Demonstrates flexibility during the learning process.

Critical Thinking and Reflective Practice

- 13. Demonstrates critical thinking in written or verbal form.
- 14. Addresses issues of concerns professionally (with instructors/colleagues/students).
- 15. Responds positively to constructive criticism.
- 16. Takes responsibility for his or her learning by actively seeking out new information.
- 17. Demonstrates personal progress through professional development to improve content and pedagogical knowledge.
- 18. Demonstrates reflective practice in written or verbal form.

Professional Behaviors

- 1. Attends class.
- 2. Participates and demonstrates effort in class.
- 3. Uses appropriate (standard) writing in professional settings.
- 4. Uses appropriate (standard) spoken grammar in professional settings.
- 5. Uses courteous, appropriate, and professional modes of communication.
- 6. Maintains personal hygiene.
- 7. Exhibits confidence.
- 8. Other – Explain:

Plan for Improvement in Clinical Practice

Answer these questions with the teacher candidate. Attach additional pages as needed.

1. In general, describe the behaviors and attitudes that are of concern?
2. What were the underlying causes and/or factors that affected candidate performance?
3. Will these causes/factors persist in the future? What steps will be taken to ensure they do not?
4. What is the expectation of the candidate?
5. Does the candidate need support? If so, in what areas and how will this be provided?
6. How will the candidate demonstrate that he/she met expectations?
7. Provide a brief timeline showing any deadlines.

Mid-point check date _____

Final check date _____

I have discussed these matters with this student.

Instructor Signature: _____

Date: _____

I acknowledge that these issues have been discussed and am aware that failure to complete the plan will result in removal from the clinical placement and delay program completion.

Student Signature: _____

Date: _____

Plan Acknowledgment	Plan Completion
Coordinator: _____ Date: _____	Student: _____ Date: _____
Chair: _____ Date: _____	Instructor: _____ Date: _____
	Coordinator: _____ Date: _____
	Chair: _____ Date: _____