



The College of New Jersey

School of Education

STEP Office

INTERVENTION FORM

RE: FIELD PLACEMENT

INFORMATION

Date of Request _____

Student's Name _____ College Supervisor _____

Department _____ Quarter/Semester Fall _____ Spring _____

District _____ School _____

Cooperating Teacher(s) _____

Contact Administrator _____ TCNJ Coordinator _____

Reason/Provide brief explanation of issue(s):

(Attach additional pages as necessary)

“Team” members: Department Chair or Program Coordinator, Student Teacher Supervisor(s), teacher candidate, Subject Coordinator (if applicable), and STEP Office Director or designee.

Options to be considered:

- a. to identify the issues/problems and areas of concern;
- b. to identify a plan to address those issues;
- c. to implement an action plan which may include:
 - a. additional meetings with cooperating teacher and/or teacher candidate
 - b. a modification of the teacher candidate’s schedule
 - c. additional supervision
 - d. a remediation plan to address the teacher candidate’s performance
 - e. a change in placement or modification of the teacher candidate’s length of student teaching/internship II experience
- d. there may be other steps taken to address the issues; and
- e. Other _____

(Minutes of the meeting will be taken and sent to the meeting’s participants.)

Will the cooperating teacher(s) be in agreement with the decision? YES _____ NO _____

Is supporting documentation attached? YES _____ NO _____

- a. TCNJ supervisor evaluation
- b. Cooperating teacher evaluation
- c. When issue first appeared and what steps were taken

RECOMMENDATIONS

_____ The *Review Team* recommends:

Recommendations for successful placement (remediation/placement/plan: _____

Coordinator's Signature Date Department Chair Date

Director – STEP Office Signature Date Dean of SOE – Signature Date