



At-Risk Teacher Candidate Action Plan

(see Practicum Handbook, Appendix L for sample and guidance)

Teacher Candidate: _____ Date: _____
Concern #1 – _____

Action(s) Required to Improve Performance:

Evaluation Criteria:

Concern #2 – _____

Action(s) Required to Improve Performance:

Evaluation Criteria:

If all ratings on the Action Plan are not meet and maintained at the Proficient or Exemplary level by the end of the placement, the teacher candidate may not be endorsed for licensure by Fitchburg State University. The candidate's signature below indicates understanding that if the Action Plan is not acceptably met with consistency, endorsement cannot be awarded.

Signed:

Teacher Candidate: _____ Date: _____

Supervising Practitioner: _____ Date: _____

Program Supervisor: _____ Date: _____

cc: Dean of Education ☐
Program Chair ☐



At-Risk Teacher Candidate Action Plan Check-in Record

Rating Scale: 1=Does not meet Standard 2=Needs Improvement 3=Proficient 4=Exemplary

Teacher Candidate: _____

Concerns	Check-in points (weekly)	Rating (enter number)	Initials of Supervising Practitioner	Initials of Teacher Candidate	Initials of Program Supervisor
Concern #1	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				
Concern #1	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				
Concern #2	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				
Concern #2	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				
Concern #3	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				
Concern #3	1 st check-in/date:				
	2 nd check-in/date:				
	3 rd check-in/date:				
	4 th check-in/date:				
	5 th check-in/date:				



At-Risk Teacher Candidate Action Plan Summary Evaluation and Recommendation
(completed at the end of the evaluation period)

Teacher Candidate: _____

Describe actions taken by Teacher Candidate to improve performance *(completed by appropriate Supervisor with input from the Teacher Candidate)*:

Recommendation *(completed by Supervisors)*:

- ☐ Action Plan met; all other practicum expectations satisfactorily completed; candidate eligible for endorsement
- ☐ Termination of Practicum
- ☐ Continue in Practicum
- ☐ Other (specify): _____

Teacher Candidate Comments:

Supervising Practitioner Comments:

Program Supervisor Comments:

Teacher Candidate Signature: _____ Date: _____

Supervising Practitioner Signature: _____ Date: _____

Program Supervisor Signature: _____ Date: _____

Forward completed pages to Dean of Education and Program Chair

