

PLAN OF ACTION

Student Teacher:

Date:

Cooperating Teacher:

College Supervisor:

Statement of Issues/Concerns: (What are the specific concerns to be addressed?)

Specific Goals to Address Issues/Concerns: (What does the student teacher need to do?)

Criteria: (How will one know that the student teacher has achieved his/her goals?)

Target Date: (At what point(s) must the student teacher accomplish the stated goals?)

Signature of Student Teacher/Date

Signature of Cooperating Teacher/Date

Signature of College Supervisor/Date

Signature of Cooperating Teacher/Date