**WSU TEACHER CANDIDATE IMPROVEMENT PLAN**

Teacher Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Individual(s) initiating assistance plan)

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| **Teaching Disposition Standards (PDEFE) being addressed:** |
| [ ]  Instructional planning (1) | [ ]  Communication and collaboration (6) |
| [ ]  Multiple instructional strategies (2) | [ ]  Takes initiative (7) |
| [ ]  Knowledge of content and practices (3) | [ ]  Requests and applies feedback (8) |
| [ ]  Assessment and Student Voice (4) | [ ]  Reflects on student learning (9) |
| [ ]  Motivation and management (5) | [ ]  Professional commitment (10) |
| **Statement of Concern (specific problem):**  |
| **Statement of Objective(s) (future, improved behavior/what is required in terms of teaching behavior):**  |
| **Intervention Strategies/Activities:**  |
| **Timeline of Events/Evaluation of Improvement:**  |
| **Intended Evidence Collection (objective, factual evidence collected from multiple sources):**  |

**Time Sensitive:** This plan will be reviewed in one week from today (\_\_\_/\_\_\_/\_\_\_) to determine if there is sufficient and adequate progress by the Teacher-candidate to make improvements. Sooner action may be taken if no improvement occurs prior to the next meeting.

**Acknowledgment:** Failure to achieve the stated objectives may result in: **a)** alternate placement, **b)** a redesigned growth plan, **c)** deferred completion of the field experience and a plan for remediation, **d)** dismissal from the intern teaching experience, or **e)** a combination of actions. Any and all field experience recommendations will be made based on evidence of improvement or lack thereof. Removal may also occur at the recommendation of the mentor, building administrator, supervisor, or if there is a violation of the code of professional conduct for education practitioners in the State of Washington.

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Mentor Teacher Name (Printed) Mentor Teacher Signature Date

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Supervisor Name (Printed) Supervisor Signature Date