FAILURE TO COMPLETE STUDENT TEACHING IN THE FIRST SEMESTER OF ENROLLMENT

Student Teacher __________________ Program __________________

School ___________________ Clinical Supervisor ________________

University Supervisor ___________ Clinical Associate/Principal __________

Failure to complete student teaching may occur when suggestions from the Probationary Status documents have not been appropriately incorporated. Description is found in the Student Teaching Guidelines. *The university supervisor will provide signed copies of the completed form for the student teacher, clinical supervisor, clinical associate, principal, the student teacher’s program director, chair of the department, and the Director of Field Experiences.*

Factors that contributed to failure to complete the experience: Identify factors that contributed to the experience not being completed within the initial period of enrollment. Attach additional sheet(s) of information, if necessary. Provide documentation to support each factor that lead to the ending of the student teaching experience. *Attach all documentation to this paperwork or reference where it has been provided in previous interventions.*

Options for future enrollment:
(Circle the number of the option that meeting attendees recommend for the Student Teacher.)

1. The Teacher Candidate is eligible to enroll for a second attempt at student teaching. This will be the second and final attempt to student teach.

2. Prior to enrolling in another student teaching experience, the student teacher must complete a remedial plan developed by the program. The remedial plan could include: additional course work, identified assistance from a support center (i.e. Writing Center, Counseling Center, Student Success Center), and/or specific remedial activities. A faculty mentor will be assigned to oversee the completion of the remedial plan.

3. The option of earning a degree in another career path is considered.
Signature of Student Teacher*   Signature of Clinical Supervisor

Signature of University Supervisor   Signature of Clinical Associate**

Signature of Principal   Signature of Director of Field Experiences

Signature of Program Director   Signature of Department Chair

Signature of Other Attendee   Date of Meeting

*Student Teacher’s signature indicates that the information in this form has been shared in a conference setting. The student teacher may choose to share additional information. If so, this information should be provided on a separate sheet of paper and made available to the University Supervisor within three days of the conference conclusion.

**Signatures indicate that the Principal and Clinical Associate were present in the meeting or have been informed by way of this Agreement.