***STUDENT TEACHING ADVISORY FORM***

**RE: FIELD PLACEMENT**

Date of Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Name College Supervisor

Department \_ Quarter/Semester ☐ Spring ☐Fall

District

Cooperating Teacher(s

Contact Administrator \_ TCNJ Coordinator

Please attach brief explanation of issue(s) or enter a summary

(Attach additional pages as necessary)

“Team” members: 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 that may include;

[ ]  1. Additional meetings with cooperating teacher and/or teacher candidate

[ ]  2. A modification of the teacher candidate’s schedule

[ ]  3. Additional supervision

[ ]  4. A remediation plan to address the teacher candidate’s performance

[ ]  5. A change in placement or modification of the teacher candidate’s length of student teaching/internship

 II experience

☐ 6. Discontinue placement

[ ]  D. 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. Documentation on when issue first appeared and steps taken to resolve it

***RECOMMENDATIONS***

[ ]  The ***Review Team*** recommends ­­­­­­­­­­­­­­­­­\_\_\_\_\_testing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Attach additional pages as necessary)

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 Coordinator's Signature Date Department Chair Date

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