***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