

Plan of Improvement

*Oklahoma Panhandle State University
Teacher Education Program*

Semester FA _____ SP _____

Candidate Name _____ ID # _____ Date _____

Teaching Area: ___Elementary ___Secondary(Subject _____)

Weaknesses

Steps for Remediation

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date for follow-up assessment: _____
(Time and location of follow-up assessment determined by teacher candidate and supervising teacher or committee chair)

Teacher Candidate Signature Supervising Teacher or Committee Chair Signature Date
(Teacher candidate signature signifies the reception of this document, but not necessarily agreement)

Follow-up Assessment

This plan of improvement has been: ___ Fully accomplished
 ___ Partially accomplished
 ___ Not accomplished

Recommendation to Dean of Education following Plan of Improvement:

 ___ Continuation in program
 ___ Additional Plan of Improvement
 ___ Dismissal from OPSU Teacher Education Program

Teacher Candidate Signature Supervising Teacher or Committee Chair Signature Date
(Teacher candidate signature signifies the reception of this document, but not necessarily agreement)