**-------SAMPLE COMPETENCY DEVELOPMENT PLAN FORM-------**

# Competency Development Plan regarding a *Notice of Concern*

**------------------------PART ONE------------------------**

Student Teacher Name: School:

Associate Teacher:  LEVEL/(Discipline):

Date:

# Nature of Concerns: Pedagogical, Professional, Other: [Please identify the nature of concerns below and, where possible, connect the concern(s) to one or more competencies/domains: *E.G.: Teaching Act Competencies: Need for detailed lesson plans,e.g., clear objectives; detailed procedures; activities linked to objectives; strategy to assess student realization of objectives*].

# [SPACE PROVIDED]

# Plan for Improvement: [Use bullet points or numbers; list goals with specific responsibilities and relevant dates for completion. Extend to the next page, if needed. Identify when a meeting will be held to assess goal completion – see the “Results” section on the next page.]

**Expand this section, as needed.**

[SPACE PROVIDED]

**Consequences, if not realized**: [Please be clear. e.g.: Consequences might include an assessment of “does not meet” for one or more competencies on the next evaluation form, an assessment of failure to meet overall practicum expectations or, in some cases, removal from the practicum before the end of the practicum.]

**Initiated by**: Supervisor/ Associate Teacher/Practice Teaching Office [Please indicate initiators by circling or underlining the person or people who initiated the notice. To be signed the day when the plan is drafted.]

Date:

Student Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative of Practice Teaching Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**------------------------PART TWO------------------------**

**Results:** [At the meeting to assess goal completion, review each goal, and report findings; if a goal is met – then please indicate clearly; if a goal must be revised and a new deadline set, list it as a “revised goal” below the goals that have been met.]

[SPACE PROVIDED]

**------------------------PART THREE------------------------**

**Final Assessment:** [To be completed when goals are met; or by the end of the placement period.]

Student teacher fulfilled the plan for improvement.

Student teacher did not fulfill the plan for improvement.

Student Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative of Practice Teaching Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**---------------------------End of SAMPLE FORM---------------------------**