COLLEGE OF EDUCATION

**PERFORMANCE IMPROVEMENT PLAN**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_

School/Mentor Teacher (if relevant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance Concerns relate to: \_\_\_\_\_\_ Course(s) \_\_\_\_\_\_ Practicum \_\_\_\_\_\_ Internship

Indicate relevant Florida Professional Standards:

\_\_\_\_\_ FEAP 1-Instruction Design & Lesson Planning \_\_\_\_\_ FEAP 4-Assessment

\_\_\_\_\_ FEAP 2-The Learning Environment \_\_\_\_\_ FEAP 5-Continuous Professional Improvement

\_\_\_\_\_ FEAP 3-Instructional Delivery & Facilitation \_\_\_\_\_ FEAP 6-Professional Responsibility & Ethical

 Conduct

1. **CONFERENCE TO DOCUMENT PLANS TO IMPROVE PERFORMANCE AND COMPETENCIES**

Description of Performance Concern:

Student’s Perspective & Comments:

Action Steps to be taken by:

Student:

Instructor/University Supervisor:

Mentor Teacher (if relevant):

Potential Outcomes/Consequences:

Date/Time Action Implementation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Instructor/University Supervisor

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator Other Attendees

**B. FOLLOW-UP CONFERENCE**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_

Describe status of prior concerns:

Describe actions taken so far:

Describe new and ongoing concerns (if relevant):

Student’s Perspective & Comments:

STATUS OF PIP: \_\_\_\_\_ Satisfactory Improvement - PIP Completed

 \_\_\_\_\_ Some Improvement - PIP Continued *(complete Section B1)*

 \_\_\_\_\_ Unsatisfactory Improvement – Determine Program Status *(complete Section C)*

***B1. Describe actions to be taken by***

Student:

Instructor/University Supervisor:

Mentor Teacher (if relevant):

Potential Outcomes/Consequences:

Date/Time Action Implementation:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Instructor/University Supervisor

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator Other Attendees

**C. CONFERENCE TO DETERMINE PROGRAM STATUS OF STUDENT**

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe status of concern(s):

Student’s Perspective/Comments:

Program Recommendation

\_\_\_\_\_ Repeat Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Repeat/Extend Field Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Dismissal from Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Program Coordinator School/College Administrator

**D. REVIEW BY ASSOCIATE DEAN FOR STUDENT AFFAIRS**

Actions taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Associate Dean’s Signature