INFORMATION
Date of Request __________________________

Student's Name ____________________ College Supervisor _______________________
Department __________________________ Quarter/Semester Fall __ Spring ___
District _____________________________ School _____________________________
Cooperating Teacher(s) _______________________________________________________
Contact Administrator __________________________ TCNJ Coordinator ___________________

Reason/Provide brief explanation of issue(s):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

(Attach additional pages as necessary)

“Team” members: Department Chair or 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 which may include:
   a. additional meetings with cooperating teacher and/or teacher candidate
   b. a modification of the teacher candidate’s schedule
   c. additional supervision
   d. a remediation plan to address the teacher candidate’s performance
   e. a change in placement or modification of the teacher candidate’s length of student teaching/internship II experience
   d. there may be other steps taken to address the issues;
   e. take steps to discontinue placement; and
   f. 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. When issue first appeared and what steps were taken

RECOMMENDATIONS
_____ The Review Team recommends:

Recommendations for successful placement (remediation/placement/plan: _______________________________ __________________


Coordinator’s Signature Date Department Chair Date

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