

Eastern Connecticut State University
Education Unit
Dispositions Counseling Form
Professional Development Action Plan Form

In the event that a candidate is rated unsatisfactory or is recognized as needing improvements by either the candidate (voluntary initiation of process)

, the supervisor/faculty advisor, cooperating teacher, or a school principal, the candidate may be provided with a professional development plan. The professional development plan is designed to serve as an additional support mechanism to foster growth and represents an intervention to assist the candidate toward meeting program standards. The professional development plan is not a punitive action; however, in the event that adequate growth is not demonstrated, the candidate may be in jeopardy of dismissal from the program.

The professional development plan shall consist of clear guidelines for improvement, to include, at minimum, goals (align with at least one standard from the Conceptual Framework), (a) rationale(s), activities, milestones, resources, and a statement of consequence in the event that evidence of growth is not adequately demonstrated.

While the professional development plan is intended for use during field practicums and clinical experiences, it may be implemented at any appropriate time during a program of study based upon dispositions in class

. When implemented during field practicum and clinical experiences, the plan is typically proposed by mid-term.

Each professional development plan is individualized and the final approval rests with the SEPS Dean. A copy of the plan shall remain on file with the Education Department.

Name _____ Core: _____ Date: _____

ECSU Faculty Present _____

Counseling Process:

1. Issues arising in coursework or clinical experiences may be addressed using this form.
2. Meet with faculty/advisor and design plan of action.
3. Meet with faculty/advisor to review major ways in which plan of action has been met within **six (6) months** of the date on this form.
4. Copies of all forms will be placed in candidate CARE file but will not be included in Certification paperwork. CARE will be notified.

Professional Growth Area(s) of Focus: To be filled out by faculty/advisor based on dispositions rubrics or classroom interactions rubric (attach scored rubrics). In this section, list one or more goals aligned with the professional development criteria.

Rationale: In this section, outline what knowledge, skills, and/or dispositions of the future teacher will be gained as a result of professional growth and list a brief reason for choosing each goal.

Plan of Action (to be developed by candidate with faculty input) and Consequences if goals are not met: What program consequences may result in the event that the established goals are not adequately met in a timely manner? If initiated by the candidate, what new, research-based knowledge, skills, and/or dispositions result as capacity for teacher effectiveness? Be specific, but align with established goals.

ACTIVITIES	MILESTONES/TARGET DATE	RESOURCES NEEDED	CONSEQUENCES IF NOT COMPLETED ON TIME

Evidence Proposed: What evidence might be used to demonstrate the impact of professional growth (e.g., on student learning, on school culture, professional behaviors, etc.)?

Faculty/advisor Signature(s) _____

I understand the counseling process is part of the formative assessment within my certification program. I may be removed from the program if I do not follow up with the faculty/advisor above within **six (6) months** regarding my progress on my Action Plan or have not addressed the concerns as outlined above. My signature indicates acknowledgement of these concerns.

Candidates Signature _____

CC: EDU or HPE Department Chair (as appropriate)
Advisor

Candidate

Form modified from original created by ECE unit and Pennsylvania State University - Johnstown