

Improvement Plan
 ECU College of Education
 Office of Clinical Experiences, 110 Speight
 Greenville, NC 27858-4353

Intern:

ECU ID:

University Supervisor:

Clinical Teacher:

Specific Concerns:

| Required Actions | Target Date | Assessment Method and Criteria | Evaluators | Follow-Up |
|------------------|-------------|--------------------------------|------------|-----------|
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**** Intern is not meeting expectations due to Dispositional Standards at this time.**

Source: Adapted from Maximum Mentoring: An Action Guide for Teacher Trainers and Cooperating Teachers by Rudney and Guillaume.

Signed and Dated:

University Supervisor _____ Date: _____

Clinical Teacher _____ Date: _____

Clinical Intern _____ Date: _____

Send copies to Program Area Coordinator and the Office of Clinical Experiences, 110 Speight Bldg.