

## Candidate Plan of Assistance

Complete the following **Plan of Assistance** if a teacher candidate has demonstrated minimal or no progress toward Teacher Performance Expectations/Assessments or California Standards for the Teaching Profession (for lesson observations). Please refer to the process delineated on the previous page for additional actions, if the plan does not result in a satisfactory outcome for the teacher candidate. If necessary, complete a 'Candidate Reassignment/Dismissal' Form (on the following page).

Teacher Candidate Name:		Date:		
Supervisor Name:		Course:		
Concern (TPE or CSTP Area; or Disposition)	Action (List steps to remedy concern)	Resources needed to support teacher candidate	Review Date	Comments regarding progress or outcome

Signed _____ Teacher Candidate	Signed _____ University Supervisor
Signed _____ Cooperating/Master Teacher	Signed _____ Program Coordinator/ Advisor/ Director of Field Placements