**Education Intervention Board: Action Plan**

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| This information is considered confidential but will be available for review by the student named in the form. This form is to remain in the EIB paper file and should not be sent on to prospective employers or placement. |

The Education Intervention Board (EIB) held a hearing on (date, time, location) to hear issues/concerns regarding your progress in Concordia’s Education courses/program. As a result of that hearing, the following plan was determined. Please read, sign and date the plan. Return the original signed plan to designated faculty member by date.

Student Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_

**Area for Growth:**

EXAMPLE: Lesson plans not submitted on time.

**Actions for Growth**: List specific actions that the candidate will utilize to help develop the skills required for successful student teaching.

EXAMPLE: All lesson plans submitted to cooperating teacher and supervisor by midnight Thursday for the lessons to be taught the following week.

**Outcomes Demonstrating Growth:** Assuming successful actions by the candidate, what evidence will there be that demonstrates the growth of the student teacher?

EXAMPLE: Lesson plans completed and on time.

**Timeline for Evaluation:** Give specific information concerning the duration of the actions for growth and deadlines for improvement. Include a schedule for additional observations and feedback sessions by the cooperating teacher and university supervisor as needed.

EXAMPLE: Beginning next week, Thursday, October 22.

EIB Case Manager (Education faculty member) Name:

**Student must choose one of the following:**

* I will meet the requirements of the Action Plan.
* I will not meet the requirements of the Action Plan which will result in my being removed from Concordia University Education program.

Student Signature: Date: