REMEDIATION INTERVENTION FORM

Please circle appropriate program: EC  ELE  SEC

Student Name_____________________________________  Date____________________

School_____________________________  Grade level/content_________________________

Cooperating Teacher_______________________________________________________________

University Supervisor______________________________________________________________

The following concern(s) have been discussed explicitly with the UIUC student, cooperating teacher, and university supervisor regarding marginal or unacceptable markings on the evaluation form.

These specific steps must be taken for professional growth to be made.

Date for 2 week re-evaluation of concern(s).__________________________________________

I have read and received a copy of this document.

Student Signature_______________________________________________________________

Note: For complete remediation procedures refer to Remediation Intervention Procedures For UIUC Pre-service Teachers.