

**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*.