PROFESSIONAL DISPOSITION PLAN
(revised  August 2006)

This Professional Disposition Plan (PDP) is to be developed by a Candidate in consultation with faculty/supervisor who assigned a rating of NEEDS IMPROVEMENT in any one or more of the major categories of the Disposition Assessment

Teacher Candidate_________________________________________ Date___________________

Assessor Name____________________________  Phone __________ e-mail ______________________

It is the candidate’s responsibility to schedule a meeting with the faculty member/supervisor who assigned a rating of NEEDS IMPROVEMENT in one or more of the major categories on the Disposition Assessment: Professionalism, Work Ethic, Personal Qualities.

Professionalism
List specific items (include #) from the Assessment Instrument that need to be addressed.

Include specific and concrete strategies or actions the candidate will take and a reasonable time frame.

Personal Qualities
List specific items (include #) from the Assessment Instrument that need to be addressed.

Include specific and concrete strategies or actions the candidate will take and a reasonable time frame.

Work Ethic
List specific items (include #) from the Assessment Instrument that need to be addressed.

Include specific and concrete strategies or actions the candidate will take and a reasonable time frame.

Assessor name (please print)__________________________phone____________ e-mail____________

Assessor Signature________________________________________________ Date________________

Candidate name (please print)____________________________

Candidate Signature_______________________________________________Date________________
FOLLOW-UP TO PDP

*It is the candidate’s responsibility to contact an instructor in whose class she/he is enrolled who will verify that the conditions of the PDP have been met within the time frame outlined in the PDP so that the candidate can proceed through the program (advanced study, student teaching, graduation).*

_____ The candidate has successfully completed the PDP.
   Comments:

_____ The candidate has not successfully completed the PDP. (Check one:)
   _____ Candidate’s assessment and PDP will be referred to Program Coordinator
   _____ Candidate’s assessment and PDP will be referred to Department Chair
   _____ Candidate will contact a faculty member next semester to provide evidence of the following:

   _____ Other: (please specify)

Assessor name (please print)__________________ phone_________ e-mail__________
Assessor signature:__________________________ Date __________
Candidate name: (please print)________________________
Candidate signature:__________________________ Date __________
Candidate’s response (optional)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________