

STUDENT NAME _____

CALIFORNIA STATE UNIVERSITY, STANISLAUS
Department of Teacher Education
Single Subject Credential Program

STUDENT TEACHING IMPROVEMENT PLAN

Student Teacher: _____ School: _____
Cooperating Teacher: _____ Grade: _____
University Supervisor: _____ Date: _____

Specific Areas of Weakness in the Student's Performance

	TPE Number	TPE Item #	Explanation of Weakness
1			
2			
3			
4			
5			

For Each Area of Weakness Listed Above, List Expectations for the Student

	Expected Performance	Support to be Provided	Met by (date)
1			
2			
3			
4			
5			

Supervisor's Signature

Cooperating Teacher's Signature

***Student Teacher's Signature**

*Student teacher's signature does not indicate agreement or disagreement