IWU Educational Studies Department Teacher Education Program

Student Concern Report

This form notes professional *disposition*, *academic*, and/or *field* performance concerns about candidates pursuing teacher certification. It describes the concern and indicates desired action in response to the concern on the part of both IWU faculty and the student. Documentation of responsive action should be attached. The faculty member signs the form upon completion; the student signs the form in acknowledgement. The form remains on file until the student successfully completes, or withdraws from, the teacher certification program.

Yes □ No □ I request that faculty meet to discuss the student's status. Yes □ No □ I request that the department chair discuss the concern and possible consequence and remedial action with the student. Faculty signature: □ date: □ date: □ Action taken: I am aware of this concern. I understand that I may submit a response. If asked, I will submit a plan for remedial action, within one week of the date below. I understand that failure to do so will jeopardize my status in the Teacher Education Program.	Student Name:				
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Student signature: date:	remedia	l action, with	in one week of the date below. I understand that failure		
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