This form is applicable to students in undergraduate and MAT teacher education programs. Any faculty member may file a Professional Dispositions and Skills Intervention Form if a student’s suitability to enter or continue in a teacher education program is questioned. Faculty are encouraged to use this form in instances where there are concerns about a student’s dispositions and skills outlined in the Professional Dispositions and Skills Criteria.

Complete copies of this form signed by the faculty member and student must be submitted to the student’s department chairperson within 10 days of completion but no later than 10 days after submission of grades.

Student Name ___________________________ WID ______________________

Major ___________________ Course ___________________ Semester: F S M Year _____________

Circle or highlight the criteria being addressed:

I. Fairness  II. Integrity  III. Communication  IV. Commitment

REQUIRED – Summary of Faculty Member’s Concern(s):

REQUIRED – Faculty Member’s Recommended Action:

☐ Faculty – Check here if you are attaching documents. All attachments must be initialed and dated by student.

☐ Faculty – Check here if you want further review/action taken by the program. (Indicates Tier 2 or 3 process is being initiated.)

Faculty Member’s Signature ___________________________ Date __________________

Student’s Signature ___________________________ Date __________________

(Signature indicates the form has been shared with the candidate.)
REQUIRED for Tier 2 and 3 Incidents -- Program Director and/or Program Area Committee’s Comments/Action Taken:

☐ Committee – Check here if you are attaching documents.
Program Director’s Signature _____________________________ Date ________________
Committee Member’s Signature ___________________________ Date ________________
Committee Member’s Signature ___________________________ Date ________________

REQUIRED for Tier 2 and 3 Incidents – Dept. Chair’s Comments/Recommended Action:

☐ Chair – Check here if you are attaching documents.
Dept. Chair’s Signature _____________________________ Date ________________

PLEASE TURN IN ALL DOCUMENTS WITH ORIGINAL SIGNATURES TO STUDENT ACADEMIC SERVICES IN 144 WITHERS FOR PROCESSING.