



**Queen's University Faculty of Education
Aboriginal Teacher Education Program- Community-based**



**Supporting a Candidate in Difficulty – Part 1
Recommendations for Improvement Plan**

Candidate:	Faculty Liaison:	
School:	Associate Teacher:	
Practicum: 1 2 3 4 5 Other	Practicum Length (weeks):	Grade/Subject:
Date:	Date by which recommendations must be implemented:	

Areas of Concern (based on Elements of Practice):
Professionalism; Supporting Learners; Planning & Preparing; Lesson Presentation; Assessment

Detailed Recommendations for Sustained Improvement:
Completed by the end of the practicum component in which the Supporting a Candidate in Difficulty form was initiated.

Signatures:

Please check if there is a continuation of recommendations on page two

Associate Teacher:

Faculty Liaison:

Teacher Candidate:

Date:

I have read and understand the areas of concern and recommendations for sustained improvement.

*The Teacher Candidate, Associate Teacher, Faculty Liaison, and ATEP Manager must receive a copy of this form twice: (1) after the initial Recommendations for Improvement are made, and (2) **again** after the Outcomes of the Supporting a Candidate in Difficulty process section has been completed.*



Queen's University Faculty of Education
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Queen's
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Supporting a Candidate in Difficulty – Part 2
Outcomes Form

Candidate:	Faculty Liaison:
School:	Associate Teacher:
Practicum: 1 2 3 4 5 Other	Practicum Length (weeks): Grade/Subject:
Date:	Date by which recommendations must be implemented:

Outcomes of the Candidate in Difficulty Process:
(completed within 1 business day of the date by which recommendations are to be fulfilled) Note: If more space is needed, please feel free to add sheets.

Based on the outcomes of the above Recommendations for improvement, the overall rating on the assessment is (please choose a rating):

<i>Teacher Candidate has fulfilled the recommendations</i>	<i>Teacher Candidate not fulfilled the recommendations</i>
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Signatures:

Associate Teacher:	Faculty Liaison:
Teacher Candidate:	Date:

(signature confirms receipt of form)

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