



**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  
Aboriginal Teacher Education Program- Community-based**



**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>
--	--

Signatures:

Associate Teacher:	Faculty Liaison:
Teacher Candidate:	Date:

(signature confirms receipt of form)

*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.*