

# Student Teacher Intervention Plan

Date :

## I. POSITIVE EXPERIENCES AND STRENGTHS

## II. SPECIFIC CONCERNS

## III. PLAN OF ACTION AND SUPPORTS NEEDED

**Lesson Plans:**

**Attendance:**

**Issues of a Professional Nature:**

**Lesson Delivery:**

**IV. DATES TO REVIEW PROGRESS**

**V. SIGNATURES**

I am aware that failure to complete this intervention plan may result in my removal from the student teaching placement and/or repeating the student teaching experience. I am also aware this information may be shared with my future Cooperating Teacher and University Supervisor as part of the formative process. I understand I have the opportunity to submit additional comments.

\_\_\_\_\_  
Student Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cooperating Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean, College of Education

\_\_\_\_\_  
Date

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