



TOUGALOO COLLEGE
 Division of Education, Supervision and Instruction
 Teacher Education Program

Teaching Candidate Improvement Plan

Candidate _____ ID #: _____

Instructor/Advisor/College Supervisor _____ Date: _____
 (Please circle one)

Cooperating Teacher/Mentor _____
 (If, applicable)

Specific Areas of Strengths in the Student's Performance

| | TD# | TD | Explanation of Strengths |
|----------|-----|----|--------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Specific Areas of Weakness in the Student's Performance

| | TD# | TD | Explanation of Weakness |
|----------|-----|----|-------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

For Each Area of Weakness Listed Above, List Expectations for the Student

| | Expected Performance | Support to be Provided | Met By (date) |
|----------|----------------------|------------------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

 Instructor/Advisor/College Supervisor

 Cooperating Teacher/Mentor Signature

 *Teaching Candidate

**Teaching candidate signature does not indicate agreement or disagreement.*