



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.*