Student Referral/Remediation Form

Student Name: _____ Date: _____

Faculty Member Making Referral: _____ Academic Qtr: ____

Nature of contact/observation/conference: (ex. course(s), field work)

_____

Nature of concern/issue (Identify specific TEPS and Indicators and/or Secondary Code of Ethics):

Description of explicit student behavior(s): (relevant documentation attached when appropriate)

Relationship of behaviors to student success in Secondary program and/or as a future teacher:

Recommendation(s) to improve chances for success:

Timeline to demonstrate needed improvement (prior to internship)

My signature below indicates I have had an opportunity to review the aforementioned material with the author and received a copy of this form.

Student Signature_____ Date _____

My signature below indicates I have discussed this report with the involved student and copies have been provided to the Department Chair and student file located in the Woodring Office of Admissions/Field Experiences.

Faculty Signature _____ Date_____

This concern/issue has been satisfactorily resolved.

_____ _____ _____

Faculty Date Student Date

cc: Student Admissions File
Secondary Education Department Chair
Faculty Member File

*When a student receives two (2) referrals and/or is involved in an egregious situation, she/he will conference with a Secondary Faculty Review Team.