

DEVELOPMENTAL SUPPORT PLAN FOR PRE-SERVICE TEACHERS IDENTIFIED AS BEING AT RISK OF FAILING

To be completed **BY THE MID-SESSION REPORTING STAGE** by Associate Teacher following discussions with In-School Professional Experience Co-ordinator, University Supervisor and Pre-service Teacher
 Please forward to University Professional Experience Co-ordinator for ratification and signature after expected outcomes have been negotiated and program agreed upon.

AREAS CAUSING CONCERN Please indicate to which aspect of the Assessment Profile this issue refers	ACTION REQUIRED BY THE PRE-SERVICE TEACHER	SUPPORT PROGRAM FOR PRE-SERVICE TEACHERS	TIMELINE FOR SATISFACTORY COMPLETION

PLEASE NOTE: The implication of failing to satisfactorily address the issues raised in this Development Support Plan is that the pre-service teacher will be awarded a fail grade for professional experience and **may be excluded from the course.**

PRINT YOUR NAME: Associate TeacherSchool/ServicePre-service Teacher

Signatures Associate Teacher signature.....Date.....Pre-service Teacher Date.....

On site Professional Experience Co-ordinator..... Date..... University Supervisor..... Date.....

Professional Experience Co-ordinator..... Date..... Sub-Dean Professional Experience Date.....

Fax to university Professional Experience Co-ordinator immediately 02 63384134 *****Professional Experience Development Officer to fax the signed copy back to school/centre/service