



California State University, Sacramento
College of Education, Teaching Credentials
6000 J Street • Eureka Hall 401 • Sacramento, CA 95819-6079
(916) 278-6639 • (916) 278-5993 FAX • coe@csus.edu
www.csus.edu/coe

STATEMENT OF CONCERN

College of Education

Field Experience/Student Teaching

The Statement of Concern is designed to clearly identify issues that may prevent a Candidate from successfully completing a credential program. This statement is accompanied by an Action Plan that provides guidelines for the Candidate to address the identified issue(s).

Candidate:

Date SOC issued:

Credential Program:

Field Experience/Student Teaching:

STANDARD	DESCRIPTION of CANDIDATE PERFORMANCE
TPE:	
TPE:	
TPE:	

(If needed, add additional rows.)

Required Signature:

I acknowledge receipt of this Statement of Concern.

Candidate: _____ Date: _____



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PERFORMANCE CONTRACT **for** **Field Experience/Student Teaching**

Candidate:
Date Performance Contract Issued:
Credential Program:
Student Teaching Experience:

The following plan is a performance contract stipulating specific actions that must be completed by the Candidate. The signatures verify that the Candidate and others monitoring the contract agree to the performance standards specified and the timeline provided. The following timeline supersedes any prior calendar or timeline.

TIMELINE By.....	PERFORMANCE BENCHMARK The Candidate will.....	STANDARD ADDRESSED
		TPE
		TPE
		TPE
		TPE
		TPE

(If needed, add additional rows)



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Should the stipulations in this contract not be met, the candidate may be subject to disqualification from the program:

Required Signatures:

I acknowledge receipt of this Performance Contract. I agree to meet the timeline and performance benchmarks described above:

Candidate: _____ Date: _____

I am in agreement with the Performance Contract.

Field Experience Supervisor: _____ Date: _____

I am in agreement with the Performance Contract.

Field Experience Coordinator: _____ Date: _____

I am in agreement with the Performance Contract.

Department Chair: _____ Date: _____