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:

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>DESCRIPTION of CANDIDATE PERFORMANCE</th>
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<td>TPE:</td>
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(If needed, add additional rows.)

Required Signature:

I acknowledge receipt of this Statement of Concern.

Candidate: ___________________________ Date: ___________________________
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.

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<tr>
<th>TIMELINE</th>
<th>PERFORMANCE BENCHMARK</th>
<th>STANDARD ADDRESSED</th>
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<tr>
<td>By…..</td>
<td>The Candidate will…..</td>
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(If needed, add additional rows)
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: __________________________