

PROFESSIONAL DISPOSITIONS AND SKILLS INDIVIDUAL REPORT

**PLEASE TURN IN ALL DOCUMENTS WITH ORIGINAL SIGNATURES
TO STUDENT ACADEMIC SERVICES IN 144 WITHERS FOR PROCESSING.**

This form is applicable to students in undergraduate and MAT teacher education programs. Any faculty member may file a *Professional Dispositions and Skills Individual Report* to document cases situations not addressed by other dispositional evaluations. The Teacher Education Program encourages use of this form for documenting cases where candidates show they are exceeding expectations or that candidates have immediate need to address areas where they are not meeting expectations.

Complete copies of this form signed by the faculty member and student must be submitted to Student Academic Services within 10 days of the incident and meeting. Copies will then be shared with appropriate department and/or program personnel. It is important that the faculty member contact the chair or program director immediately in cases of significant concern.

Student Name _____ WID _____

Major _____ Course _____ Semester: F S M Year _____

Circle or highlight the criteria being addressed:

I. Fairness

II. Integrity

III. Communication

IV. Commitment

REQUIRED – Summary of Faculty Member's Concern(s) or Reason for noting exceptional performance:

REQUIRED – Faculty Member's Recommended Action (required when a candidate is not meeting expectations):

Faculty – Check here if you are attaching documents. All attachments must be initialed and dated by student.

Faculty – Check here if you want further review/action taken by the program. (Indicates Tier 2 or 3 process is being initiated.)

Faculty Member's Signature _____ Date _____

Student's Signature _____ Date _____

(Signature indicates the form has been shared with the candidate and does not indicate agreement with the information above.)

Richard W. Riley College of Education, Sport, & Human Sciences
Winthrop University

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REQUIRED for Tier 2 and 3 Incidents -- Program Director and/or Program Area Committee's Comments/Action Taken:

Committee – Check here if you are attaching documents.

Program Director's Signature _____ Date _____

Committee Member's Signature _____ Date _____

Committee Member's Signature _____ Date _____

REQUIRED for Tier 2 and 3 Incidents – Dept. Chair's Comments/Recommended Action:

Chair – Check here if you are attaching documents.

Dept. Chair's Signature _____ Date _____

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