STATEMENT OF CONCERN
School of Education

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:
Part-Time or Full-Time Student Teaching:

(TPEs can be accessed here: http://www.ctc.ca.gov/educator-prep/standards/adopted-TPEs-2016.pdf)

<table>
<thead>
<tr>
<th>Teaching Performance Expectation (TPE) or Program Standard (PS)</th>
<th>DESCRIPTION of CANDIDATE PERFORMANCE</th>
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(If needed, add additional rows.)

Required Signature:

I acknowledge receipt of this Statement of Concern.

Candidate: ___________________________ Date: ___________________________
PERFORMANCE CONTRACT
for continuation in
Student Teaching

Candidate:
Date Performance Contract Issued:
Credential Program:
Part-Time or Full-Time Student Teaching:

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.

<table>
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<tr>
<th>TIMELINE By…..</th>
<th>PERFORMANCE BENCHMARK The Candidate will…..</th>
<th>Teaching Performance Expectation or Program Standard ADDRESSED</th>
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(If needed, add additional rows)

*If the timeline and performance benchmarks described above are not met, the Candidate will 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/Student Teaching Supervisor: __________________________ Date: __________

*Mentor Teacher: __________________________ Date: __________

*I am in agreement with the Performance Contract.*

Department Chair: __________________________ Date: ________________