STATEMENT OF CONCERN
School 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>Teaching Performance Expectation (TPE) or Program Standard (PS)</th>
<th>DESCRIPTION of CANDIDATE PERFORMANCE</th>
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<td>TPE/PS:</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 continuation in
Field Experience/Student Teaching

Candidate:
Date Performance Contract Issued:
Credential Program:
Field Experience or 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: ________________

I am in agreement with the Performance Contract.

Mentor Teacher: ___________________________ Date: ________________

I am in agreement with the Performance Contract.

Department Chair: ___________________________ Date: ________________