

REFERRAL FORM FOR STUDENT IMPROVEMENT

**Grand Valley State University
School of Education
Graduate Teacher Certification Program**

Return to: GTC Coordinator, 301 W. Fulton, Suite 920, Grand Rapids, MI 49504

Student _____ Date _____

Emphasis Area (check one): _____ Elementary _____ Secondary

Submitted by: _____
Name Role

AREA(S) OF CONCERN

For each area of concern only, place 1, 2, or 3 in the space provided with 3 indicating a higher level of concern, and 1 a lower level.

Domain 1: Planning and Preparation	1.1 _____ Knowledge of content and pedagogy
Domain 2: Classroom Environment	2.1 _____ Managing classroom procedures 2.2 _____ Managing student behavior 2.3 _____ Creating an environment of respect and rapport
Domain 3: Instruction	3.1 _____ Clear and accurate communication skills related to instruction _____ verbal _____ written
Domain 4: Professional Responsibilities	4.1 Professional Relationships With: _____ peers _____ students _____ parents _____ mentor teacher _____ school staff _____ principal _____ faculty Skills: _____ self-control _____ judgment/tactful _____ tolerance _____ sensitive to all students _____ flexibility _____ energetic _____ maturity _____ positive attitude _____ inappropriate behavior _____ 4.2 Professional Responsibilities _____ student advocacy _____ meeting obligations _____ appearance/dress _____ reliability/dependability _____ organization _____ desire to improve _____ persistence _____ responsive to feedback _____ approach to at-risk students _____ commitment (attendance/punctuality)

DOCUMENTATION OF EXPLANATION/DESCRIPTION of concern(s), including examples of specific behavior or events. (Attach added sheets if necessary.)

PLAN FOR IMPROVEMENT

Improvement Plan Approved by _____
University Coordinator Signature Date

I have reviewed, discussed and agreed to the above stated plan.

Student Signature _____
Date