*** Career in Teaching***

**Statement of Concern**

NOTE: Complete this document if an intern is assessed as ineffective in one or more of the elements within the following Domains: Planning and Preparation, Classroom Environment, Instruction, or Professional Responsibilities.

Intern: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** School: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mentor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_** Panel Contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas of Growth**



|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the area(s) of difficulty:**  While all of the elements of the 4 domains of professional practice are related in some way, specific elements in the following areas are impacting the overall instructional practices and classroom environment | **Create a “Plan of Action”** that includes a small number of achievable action items. Include specific suggestions. | | |
| **Areas of Difficulty** | | **Plan of Action** |
| **Domain \_ \_ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [Description of practice aligned with rubric component] | | * [Actionable Item or Specific Suggestion. Start each bullet point with an active verb. Add Rows as needed.] |
|  | |  |
|  | |  |

**Summary of Actions Taken**



**List any additional support that might be helpful for this intern.**



**A signature below confirms that this document has been received and read by the teacher and mentor. A signature does not indicate agreement. This *Statement of Concern* is for use within the CIT Program. The Intern may attach a response or comments to this form, or to the Intern Status Report.**

**If response or comments are attached, please indicate with initials here: \_\_\_\_\_**

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send report under seal to Mentor Program Director, CO-2. Scanned signed reports may be emailed.***