**Professional Disposition Plan of Action**

**Date of conference:**  **Candidate Name**: **SID** **Program**

**Faculty/Others present at conference**:

# Directions:

* *A faculty member or school partner will complete the* ***Assessment of Professional Dispositions****.*
* *If a candidate receives a rating of "Needs Improvement" in any area, the faculty member(s) will conference with the*

candidate to discuss the concern and provide guidance for improvement. The Conference form will be completed as part of the Assessment (p.2).

* ***If any interventions are planned that are beyond the scope of the single conference meeting or require long-term***

**monitoring/follow-up by faculty** (examples: required readings, required workshops, other), the Disposition Plan of Action should be completed. This form should be used in conjunction with the Assessment of Dispositions Conference Form.

**4. Plan of Action**: *In collaboration with the candidate, the appropriate faculty member(s) will propose and write the action plan for successfully achieving expected behavior changes. It is expected that candidates will be an integral part of developing strategies for targeted improvement.*

**a. Candidate actions and responsibilities:**

**b. Faculty role(s):**

**c. Time Frame for implementation and reassessment:**

**d. Date and Time for the Follow-up Conference to evaluate candidate completion of the Plan:** *The candidate will be responsible for confirming these conference plans at least one-week in advance, according to the faculty member's preferred method of communication.*

**5. Consequences of unchanged behavior:** *- should be identical to what is also on the Conference form.* ***For all***

**candidates**: Additional dispositional assessments that indicate a concern may result in a department review (see the Disposition Procedures on our COED website for further information).

## This plan was formulated by the candidate and faculty member and agreed to by all parties:

Candidate Signature Date

*Faculty Signature*  *Title:*  *Date:*  *Faculty Signature*  *Title:*  *Date:*  *Other Signature*  *Title:*  *Date:*  *Other Signature*  *Title:*  *Date:*

A copy of this document should be given to the candidate, the dept. dispositions liaison, and the College Dispositions Coordinator.

***Required Follow Up CONTINUED on Next Page***

# PLAN OF ACTION FOLLOW-UP - to be completed once the timeline established by the Plan of Action is completed.

**Date of conference:**  **Candidate Name**: **SID** **Program**

**Faculty/Others present at conference**:

**6. Follow-up Evaluation and Outcome *(****once the plan has been completed****)****:*

* 1. Has the candidate successfully completed the Plan of Action? (check one)

 Yes

 No\*

\*Please explain why the Plan of Action was not successfully completed, attaching documentation as needed.

Signatures indicate attendance at the conference detailed above.

Candidate Signature Date

*Faculty Signature*  *Title:*  *Date:*  *Faculty Signature*  *Title:*  *Date:*  *Other Signature*  *Title:*  *Date:*  *Other Signature*  *Title:*  *Date:*

A copy of this document should be given to the candidate, the dept. dispositions liaison, and the College Dispositions Coordinator.