

**Mississippi State University
College of Education
Teacher Education Professional Dispositions Deficiency Form**

This form is applicable to candidates participating in the Teacher Education program. When a deficiency is reported, the faculty member, instructor, or supervisor must document in writing the behavior used by the candidate that is the basis for the Teacher Education Professional Dispositions Form. The faculty member, instructor, or supervisor must then meet with the candidate to make him/her aware of this action and the reason for it before submitting the Teacher Education Professional Dispositions Form. Candidates are to be given a copy of any form requiring their signature. The signature does not mean that the candidate agrees with the decision of the faculty member; rather it is just an indicator that the candidate was informed. Any instructor or faculty member may file a Teacher Education Professional Dispositions form if a candidate's professional behavior or disposition to enter or continue in the Teacher Education Program is questioned. Part 1 should be completed within 5 business days and submitted to the program supervisor and Department Head. Part 2 should be completed within an additional 5 business days and forwarded to the candidate, originating faculty member, Department Head and placed in the candidate's file.

Candidate's Name: _____ ID _____
Course: _____
Semester: _____ Year _____

Circle the area being addressed:

1. Responsibilities
2. Communication
3. Interpersonal Skills
4. Classroom Characteristics
5. Judgment
6. Ethics
7. Self-Reflection

Part 1. Faculty Member's Description of Concern(s) and Recommended Action (attach additional information if needed)

[illegible]

Faculty Member's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____

(Signature indicates the form has been shared with the student.)

Check Appropriate Statement: This Teacher Education Professional Dispositions Form will be placed in the candidate's file for further reference regardless of statement checked.

_____ Deficiency addressed by faculty member. No Program review committee action required.

_____ Program review committee action required.

Describe how the deficiency was addressed. (attach additional information if needed)

Part 2. Program review committee Comments/Action Taken (attach additional information)

Program Supervisor's Signature: _____ Date: _____

Candidate's Signature: _____ Date: _____