

Professional Disposition Corrective Action Plan
California University of Pennsylvania --- College of Education and Human Services

If a faculty member deems it necessary to require corrective action of non-academic qualities of a candidate, he/she must complete the Corrective Action Plan shown below, indicating the specific corrective actions needed. This form is to be sent to dispositions@calu.edu, along with the Cal U Professional Disposition Evaluation Measure Rubric.

Name of Candidate: _____

Professional Disposition Evaluation Category Being Corrected --- The faculty member should check all of the category areas below that apply. Refer to the Professional Disposition Evaluation rubric for descriptors.

- | | |
|---|---|
| <input type="checkbox"/> Willingness to learn and accept feedback | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Collaboration | <input type="checkbox"/> Analytic thinking skills |
| <input type="checkbox"/> Values all students | <input type="checkbox"/> Candidate impact |
| <input type="checkbox"/> Professional maturity | <input type="checkbox"/> Professional initiative |
| <input type="checkbox"/> Professional responsibility | <input type="checkbox"/> Professional communication |
| <input type="checkbox"/> Professional commitment | <input type="checkbox"/> Professional presentation |
| <input type="checkbox"/> Professional relationships | <input type="checkbox"/> Professional attitude and ethical behavior |

Reason(s) for this corrective action (to be completed by the faculty member):

1.
2.
3.
4.
5.
6.

I acknowledge that the above descriptions of the candidate's behaviors are accurate, and that a corrective action plan is needed.

Faculty Member Signature: _____ Date: _____

I agree to complete the activities listed below, by the specified due date, in effort to satisfactorily improve my professionalism.

Candidate Signature: _____ Date: _____

Corrective Activities (Completed by Candidate)	Due Date (Specified and initialed by Faculty member)	Completion Rating and Date (Rated and initialed by faculty member)
1.		S U Date:
2.		S U Date:
3.		S U Date:
4.		S U Date:
5.		S U Date:

Acknowledgement of Completion Signatures

We acknowledge that the candidate has satisfactorily completed all corrective action activities.

Date: _____

Faculty Member: _____

Teacher Education Committee Members:

Candidate: _____ Date: _____