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**UNIVERSITY OF MINNESOTA, MORRIS**  
**TEACHER EDUCATION PROGRAM**  
**COMMUNICATION OF CONCERN**

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The information provided below is intended to assist teacher licensure candidates in improving performance and teacher education faculty in facilitating growth of students in preparation for application to student teaching, during student teaching, and/ or recommendation for licensure.

Student Name \_\_\_\_\_

Course/Situation \_\_\_\_\_

Time Period \_\_\_\_\_

Prospective teachers are expected to fulfill the following expectations of professional educators. When these expectations are not met, and if a pattern of behavior continues after discussion with the student, formal action is necessary.

Please use the following list of professional behaviors to indicate area(s) of concern you have about the professional actions of this student.

The student does not:

- \_\_\_\_ a. Take responsibility for his/her acts
- \_\_\_\_ b. Seek help when needed
- \_\_\_\_ c. Consider and utilize suggestions and reflective feedback
- \_\_\_\_ d. Strive for quality and completeness
- \_\_\_\_ e. Manage time well
- \_\_\_\_ f. Arrive on time and ready to learn/work
- \_\_\_\_ g. Generate and turn in work on time
- \_\_\_\_ h. Contribute to group work
- \_\_\_\_ i. Demonstrate respect for others
- \_\_\_\_ j. Demonstrate sensitivity and responsiveness to the needs of others
- \_\_\_\_ k. Use resources and materials appropriately
- \_\_\_\_ l. Generate and act on goals and plans
- \_\_\_\_ m. Demonstrate academic integrity
- \_\_\_\_ n. Take responsibility for the safety and welfare of students
- \_\_\_\_ o. Maintain a drug-free work environment
- \_\_\_\_ p. Other

Please explain:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please submit this form to the Discipline Coordinator who will share it with the student. This form will be used in advising and personal planning, and will be kept on file in the Division of Education.