

At Risk Form

Name of teacher education student: _____

Teacher education student number: _____

Name of school: _____

Date issue/s to be resolved by: _____

This notification is issued by the supervising teacher to alert you to concerns about the progress you are making in this professional experience. Your supervising teacher will identify any major concerns and outline the action that you will need to take to ensure that you reach a satisfactory standard in order to pass the professional experience. Failure to take such action may lead to a FAIL grade.

Relevant standards and descriptors that have not been met:

Steps to address the above standards and descriptors. The teacher education student must:

	Name	Signature	Date
Teacher education student	_____	_____	_____
Supervising teacher	_____	_____	_____

Teacher education student to be provided with a copy of this form, then supervising teacher to scan and email as an attachment to: sydney.peo@nd.edu.au

or

please return this form to:

The Professional Experience Office
School of Education
The University of Notre Dame Australia
PO Box 944, Broadway NSW 2007
Fax: 921 2193