

Student \_\_\_\_\_ Banner # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## DISPOSITION CONCERN FORM SP2021

This form is for faculty, clinical supervisors, mentor teachers, and staff to record and report disposition concerns about students. All completed forms will be placed in the student's file. Repeat offenses will advance to the next level of severity. Any infraction determined to be significantly harmful to children, peers, or the DSU program could result in immediate dismissal.

**Instructions:** Fill out the form completely. Arrange a time to meet with the student and the chair of the Department of Education. Contact the Department of Education Secretary at (435) 879-4247. **A copy is given to all signing parties.**

The student, \_\_\_\_\_, has demonstrated an unacceptable level of performance in one or more of the following areas (*Check all that apply*):

- Professional disposition/demeanor/appearance
- Breach of ethical behavior
- Attendance/punctuality/dependability
- Communication
- Flexibility and response to feedback
- Embracing of diversity
- Safe and responsible conduct
- Other \_\_\_\_\_

Categories and levels of severity (*Mark all that apply*):

1.  Instructor/Mentor Teacher/Clinical Supervisor Warning
2.  Departmental Warning & Meeting with Department Chair
3.  Panel Committee Warning with Possible Dismissal from the Program

Context for concern (What happened?):		
Statement of concern or issue (Why is this a concern or issue?):		
Recommendations, Resolution, Remedy for situation (How can we "fix" it?):		
Signature: _____	Position _____	Date ____/____/____
Student Signature: _____		Date ____/____/____
DSU Department of Education Chair: _____		Date ____/____/____