Dispositional Deficiency Form

Instructor/Mentor: ___________________________ Date of Conference__________
Teacher Candidate: _________________________ SN # ______________________

Please Check Dispositional Area/areas of Concern Course # Associated ______

☐ 1. Providing equitable learning opportunities for all students
☐ 2. Promoting achievement of students at all levels
☐ 3. Recognizing students' unique prior knowledge, life experiences, and interests as part of the context for student learning
☐ 4. Understanding and involving a wide variety of resources in the school, family, culture, and community to facilitate student learning
☐ 5. Seeking out, developing, and implementing the most appropriate methods to meet the diverse learning needs of the students
☐ 6. Developing students' skills as problem-solvers as they progress toward becoming independent, self-directed learners
☐ 7. Life-long learning and personal growth through reflection, seeking constructive feedback, and willingness to learn from others and past experience
☐ 8. Effective planning and classroom organization as tools in maximizing the time available for instruction and learning
☐ 9. Collaborating with other professionals to improve the overall learning of students
☐ 10. Maintaining his/her position as a positive role model for students and others in regular attendance, grooming, punctuality, and professional demeanor
☐ 11. Demonstrating positive work habits and interpersonal skills, demonstrating a positive attitude, dependability, honesty and respect for others
☐ 12. Accepting responsibility for what occurs in his/her classroom and for other school-wide responsibilities that contribute to student learning and a safe, orderly environment
☐ 13. Participating in professional growth activities within and outside the school
☐ 14. Maintaining the standards of confidentiality regarding student information and communications
☐ 15. Using sound judgment and thoughtful decision making with consideration of the consequences

Please describe the behavior and or language indicating deficiency (may attach additional documentation)

Signatures:
Teacher Candidate _____________________________ (Indicates awareness not necessarily agreement)
Instructor/Mentor ____________________________

Return to Office of School Based Experiences, A329 Claxton Addition

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