Recommendation for Removal from Program

TO: _____________________________, Department Head

F R O M: __________________________________

R E : __________________________________

D A T E: _____________________________

It is hereby recommended that _____________________________ be removed from the teacher preparation program at the University of Tennessee at the earliest possible time so as to allow the candidate to pursue other opportunities.

This recommendation is being made on the basis of Dispositional Deficiencies that indicate the candidate might find it extremely difficult to obtain teaching employment upon program completion and, if hired, would find it extremely difficult, if not impossible, to be successful as a classroom teacher.

Not everyone possesses the knowledge, skills, and dispositions to be a successful educator, and it would be a disservice to the candidate and to the program to allow the candidate to continue in the program while unsuitable.

Notice of dispositional deficiencies have been made known to the candidate. In accordance with the UTK teacher preparation disposition assessment process, one or more remediation plans were developed but have not resulted in sufficient proficiency in the disposition(s), thus advancing to the next step, being recommended for removal from the teacher preparation program.

The candidate is aware of the disposition assessment process and understands that he/she can appeal the removal by submitting a written response to this Recommendation for Removal from Program to the Department Head within 14 days.

Should that appeal fail, the candidate may file another appeal, this time to the Associate Dean for Licensure within 14 days of notification from the Department Head that the appeal has been denied.

Copies of all relevant information regarding deficiencies of the candidate, including reports signed by the candidate, will be attached to this report as it is submitted to the Department Head.

Signed:

______________________________
Candidate  (Signature indicates awareness, not agreement)  ______________________

Student ID Number

______________________________
Faculty Member

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