Professional Disposition Corrective Action Plan  
California University of Pennsylvania --- College of Education and Human Services  

If a faculty member deems it necessary to require corrective action of non-academic qualities of a candidate, he/she must complete the Corrective Action Plan shown below, indicating the specific corrective actions needed. This form is to be sent to dispositions@calu.edu, along with the Cal U Professional Disposition Evaluation Measure Rubric.

Name of Candidate: _______________________________________________

Professional Disposition Evaluation Category Being Corrected --- The faculty member should check all of the category areas below that apply. Refer to the Professional Disposition Evaluation rubric for descriptors.

- Willingness to learn and accept feedback
- Leadership
- Collaboration
- Analytic thinking skills
- Values all students
- Candidate impact
- Professional maturity
- Professional initiative
- Professional responsibility
- Professional communication
- Professional commitment
- Professional presentation
- Professional relationships
- Professional attitude and ethical behavior

Reason(s) for this corrective action (to be completed by the faculty member):

1. 

2. 

3. 

4. 

5. 

6. 

I acknowledge that the above descriptions of the candidate’s behaviors are accurate, and that a corrective action plan is needed.

Faculty Member Signature: _________________________________ Date: __________
I agree to complete the activities listed below, by the specified due date, in effort to satisfactorily improve my professionalism.
Candidate Signature: ___________________________ Date: ________________

<table>
<thead>
<tr>
<th>Corrective Activities (Completed by Candidate)</th>
<th>Due Date (Specified and initialed by Faculty member)</th>
<th>Completion Rating and Date (Rated and initialed by faculty member)</th>
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Acknowledgement of Completion Signatures

We acknowledge that the candidate has satisfactorily completed all corrective action activities.

Date: ________________

Faculty Member: ___________________________

Teacher Education Committee Members:

_______________________________________  __________________________________

_______________________________________  __________________________________

Candidate: ___________________________ Date: ________________