

**The University of Pittsburgh at Greensburg
Teacher Education Program
Disposition Assessment & Exemplary Behavior Reporting Form**

While the education faculty acknowledges that most teacher education candidates are acceptable in their disposition, this form is to be used by the faculty, staff or classroom teachers who observe a teacher education candidate's dispositional deficiencies or exemplary behaviors as related to his/her teacher education certification program.

For a list of dispositions, please refer to Teacher Education Dispositions: Assessment Categories and Examples. Please complete the entire form and submit it to the Office of Teacher Education, Cassell Hall-211, after you have discussed and requested a signature from the teacher education candidate.

These forms can be turned in at any time of the year that you see either exemplary or deficient behavior.

Candidate Name: _____ Student ID #: _____ Date: _____

Candidate Program of Study: _____ (e.g., Early Childhood Ed., Secondary Ed.)

Form Completed by: _____ Phone #: _____

Check any category for which a dispositional deficiency or exemplary behavior has been observed:

<input type="radio"/> Legal/Ethical Conduct	<input type="radio"/> Attendance/Punctuality
<input type="radio"/> Professional Appearance and Demeanor	<input type="radio"/> Reliability/Dependability
<input type="radio"/> Interactions with Others	<input type="radio"/> Fairness/Lack of Bias
<input type="radio"/> Safety/Responsible Conduct	<input type="radio"/> Flexibility/Adaptability/Openness to Feedback
<input type="radio"/> Communicative Effectiveness	<input type="radio"/> Commitment to Student Learning
<input type="radio"/> Commitment to Improving Teaching Performance	<input type="radio"/> Commitment to Profession
<input type="radio"/> Other, Please specify...	

For any dispositional area identified as deficient or exemplary above, please describe the context of this assessment in specific, observable terms (i.e., course number and name, where situation occurred, specifically what transpired, date) and relate it to the deficiency area(s) addressed. Use the reverse side of this page and/or additional sheets if necessary.

Student Signature: _____ (Date)

Form Completed by: _____ (Date)

STUDENT REFUSED TO SIGN FORM

(For Administrative Use Only)

Name of Student: _____

Remediation or Exemplary Action: _____

Resulting Score Change: _____ Date: _____

(Circle Number Below) Administrator Signature: _____

1=Does not meet proficiency	Candidate has not displayed acceptable dispositions OR has not demonstrated an adequate level of professional behaviors as defined by the program OR has displayed behaviors counter to those accepted as professional dispositions.
2=Partially Proficient	Candidate displays acceptable dispositions as defined by the program in an inconsistent fashion OR is developing the dispositions in a positive fashion. More attention and focus is required of this Candidate.
3=Proficient	Candidate consistently and effectively displays appropriate dispositions as defined by the program. *STUDENTS ENTER AT THIS LEVEL.
4=Exemplary	Candidate consistently and effectively displays appropriate dispositions as defined by the program at a level expected of practicing professional educators.

Score change after remediation: _____ Date: _____

(Circle Number Below) Administrator Signature: _____

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3=Proficient	Candidate consistently and effectively displays appropriate dispositions as defined by the program. *STUDENTS ENTER AT THIS LEVEL.
4=Exemplary	Candidate consistently and effectively displays appropriate dispositions as defined by the program at a level expected of practicing professional educators.