



**Disposition Deficiency Form  
Remediation Plan**

Date: \_\_\_\_\_

Candidate \_\_\_\_\_

Course/ Location \_\_\_\_\_

Faculty/PK-12 Teacher \_\_\_\_\_

Candidate's Deficiency Report#: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Early/Midterm ☐ Final

***\*Any candidate receiving a total of four (4) deficiency reports may be subject to probation or removal from the teacher preparation program.***

Disposition Deficiency (check all that apply):      General Explanation:

- ☐ Academic
- ☐ Attendance
- ☐ Clinical Performance
- ☐ Professionalism

Please explain disposition deficiency/deficiencies

In order to remedy noted deficiency/deficiencies, the candidate will:

Will candidate need to provide any documentation/artifact for proficiency ☐ Yes ☐ No. If yes, explain

Candidate will be expected to address recommendation of this plan by (date)\_\_\_\_\_.

I, (student name)\_\_\_\_\_, have reviewed my remediation plan and acknowledge that the noted recommendations will assist in my professional development. I agree to adhere to the expectations of this plan within the required timeframe. Furthermore, I am aware that any additional deficiency reports may require further remediation plans and possibly removal from the teacher education program.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Faculty/PK-12 Teacher**

\_\_\_\_\_  
**Date**

**This form is to be delivered to the Office of Teacher Education & Student Services  
TSU, Box 9533, Clay Hall 112, 3500 John A Merritt Blvd, Nashville, TN 37209-1561  
Fax (615) 963-5114**