# INSTRUCTIONS

This form should be used at any stage of a Professional Experience placement to complement the Interim Report, when the Interim Report indicates the Preservice Teacher is ‘not on target’ to meet the Professional Standards at the required level of their program. The rubric can be found on the Professional Experience Office website:

[www.teacherstandards.aitsl.edu.au/static/docs/Australian\_Professional\_Standard\_for\_Teachers\_FINAL.pdf](https://www.unisa.edu.au/manage/Cms/www.teacherstandards.aitsl.edu.au/static/docs/Australian_Professional_Standard_for_Teachers_FINAL.pdf)

The Action Plan is designed to support the Preservice Teacher to ‘get back on track’ by informing them of what actions they need to take to meet the Professional Standards at the required level of their program. These actions should be taken within 5 working days of the plan’s development.

The Action Plan process provides an additional 3 hours of support to the University Supervisor to support the Preservice Teacher, Supervising Teacher and/or Site Coordinator.

The University Supervisor is responsible for initiating and completing the Action Plan in collaboration with the Preservice Teacher, Supervising Teacher and / or Site Coordinator. Only the ‘not on target’ sections on the Interim Report are required to be documented. Please delete any sections not required on this form when completing the Action Plan or write N/A in those sections.

# PROFESSIONAL EXPERIENCE DETAILS

PRESERVICE TEACHER:

UNIVERSITY ID:

COURSE NAME:

COURSE COORDINATOR:

SITE:

SITE COORDINATOR:

SUPERVISING TEACHER/S:

UNIVERSITY SUPERVISOR:

YEAR LEVEL(S) IF APPLICABLE:

LEARNING AREA IF APPLICABLE:

DATES OF PLACEMENT:

NUMBER OF PLACEMENT DAYS COMPLETED:

# **PROFESSIONAL** KNOWLEDGE

* Know students and how they learn
* Know the content and how to teach it

## GOAL FOR PST’S PRACTICE

Please enter the goal here

## ACTION TO BE TAKEN BY PST

Please specify the actions to be taken here

## EVIDENCE OF ACTION REQUIRED & DATE TO BE COMPLETED BY (IF DIFFERENT TO ACTION PLAN REVIEW DATE)

Please specify the evidence required here

# PROFESSIONAL PRACTICE

* Plan for and implement effective teaching and learning
* Create and maintain supportive and safe learning environments
* Assess, provide feedback and report on student learning

## GOAL FOR PST’S PRACTICE

Please enter the goal here

## ACTION TO BE TAKEN BY PST

Please specify the actions to be taken here

## EVIDENCE OF ACTION REQUIRED & DATE TO BE COMPLETED BY (IF DIFFERENT TO ACTION PLAN REVIEW DATE)

Please specify the evidence required here

# PROFESSIONAL ENGAGEMENT

* Engage in professional learning
* Engage professionally with colleagues, parents/carers and the community

## GOAL FOR PST’S PRACTICE

Please enter the goal here

## ACTION TO BE TAKEN BY PST

Please specify the actions to be taken here

## EVIDENCE OF ACTION REQUIRED & DATE TO BE COMPLETED BY (IF DIFFERENT TO ACTION PLAN REVIEW DATE)

Please specify the evidence required here

# PROFESSIONAL ETHICS

* Integrity
* Respect
* Responsibility

## GOAL FOR PST’S PRACTICE

Please enter the goal here

## ACTION TO BE TAKEN BY PST

Please specify the actions to be taken here

## EVIDENCE OF ACTION REQUIRED & DATE TO BE COMPLETED BY (IF DIFFERENT TO ACTION PLAN REVIEW DATE)

Please specify the evidence required here

# PROFESSIONAL LITERACY

* Spoken language
* Written language
* Comprehension

## GOAL FOR PST’S PRACTICE

Please enter the goal here

## ACTION TO BE TAKEN BY PST

Please specify the actions to be taken here

## EVIDENCE OF ACTION REQUIRED & DATE TO BE COMPLETED BY (IF DIFFERENT TO ACTION PLAN REVIEW DATE)

Please specify the evidence required here

**Failure to demonstrate successful actions by the due date will result in a fail grade and the Placement being terminated.**

## AGREED DATES FOR ADDITIONAL UNI SUPERVISOR SUPPORT VISITS (to utilise additional 3 hours of support time)

**DATE ONE DATE TWO**

**ACTION PLAN REVIEW DATE**

# ACTION PLAN FINALISED

## SIGNED ON BEHALF OF:

**PRESERVICE TEACHER SIGNATURE DATE**

**SUPERVISING TEACHER SIGNATURE DATE**

**SITE COORDINATOR SIGNATURE DATE**

**UNI SUPERVISOR SIGNATURE DATE**

On completion of the Action Plan, the University Supervisor will email the form to the Professional Experience Office EDS-peo@unisa.edu.au and the Course Coordinator.

# REVIEW OUTCOME

The University Supervisor will meet with the Preservice Teacher, Supervising Teacher and/or Site Coordinator on the agreed review date to complete the sections below.

### ACTIONS HAVE BEEN SUCCESSFULLY COMPLETED Yes No

## REVIEW OUTCOME COMMENTS

Please enter comments here

## SIGNED ON BEHALF OF:

**PRESERVICE TEACHER SIGNATURE DATE**

**SUPERVISING TEACHER SIGNATURE DATE**

**SITE COORDINATOR SIGNATURE DATE**

**UNI SUPERVISOR SIGNATURE DATE**

Once the review has been completed, the University Supervisor will email the completed form in its entirety to the Professional Experience Office EDS-peo@unisa.edu.au and the Course Coordinator.