**New Jersey City University**

**Deborah Cannon Partridge Wolfe College of Education**

**Center for Teacher Preparation and Partnerships**

**Special Case Report Intervention Plan**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**: **Clinical Experience** \_\_\_\_\_\_\_\_ **Clinical Practice** \_\_\_\_\_\_\_\_

**District**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_

**Cooperating Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Principal**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Initiating Report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Case Action Plan for Improvement**

This report may be initiated by any individuals involved with the clinical component. A clinical assignment may create challenges that require identification and professional management. A student may experience difficulty with skills (classroom skills, management skills); knowledge (content knowledge, knowledge of student development); or dispositions (enthusiasm for teaching, professionalism, respect for diversity). Filing a Special Case Report is the first step in remediation.

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

**Provide insight about the difficulty the student is experiencing**.

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**Describe the reasons for a Special Case Meeting**

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**If the student has requested accommodations through the Office of Specialized Services, please list them below**.

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**Remediation Plan**

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4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional comments** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Upon completion of the remediation recommendations the student will follow up with the department chairperson.

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**Student Name Student Signature**

NJCU Faculty and Staff

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