

Black Hills State University
School of Education – Office of Field Experiences

Student Teaching Internship

Plan of Assistance Form

Draft completed by Clinical Faculty and University Supervisor
Email or fax a copy to the Director of Field Experiences for final approval

Intern Name: _____ **School/Grade/Content:** _____

Date: _____

Area of Concern(s)	Current Evidence of Intern's Lack of Proficiency Documentation of Specific Examples	Scaffolding Plan: Expected Performance of Intern Describe what the clinical faculty and university supervisor will do to support the intern	The intern will demonstrate acceptable proficiency by ...

We have met and discussed this Plan of Assistance. The intern must make the expected improvements in performance by _____ (date), at which time the POA will be reviewed and recommendations for pass/fail will be determined.

Intern Signature: _____ Date _____

Clinical Faculty Signature: _____ Date _____

University Supervisor Signature: _____ Date _____