



OFS Intercession Process Action Plan

Teacher Candidate's Name: _____ Date: _____

Major/Licensure Area: _____ Current Experience: _____

Reason(s) for Action Plan: _____

Collaborative Conversation: Y or N Date: _____

Concern	Goal	Action and Assessment	Timeline	Date of Review	Progress	Comments	Next Steps	Initials

Final Decision Summary:

Student Success Supports:

- TASC – Tutoring and Academic Success Center
- Writing Center
- Graduate Student Resource Center
- Mareyjoyce Green Women’s Center
- Commuter Corner
- Counseling and Academic Success Clinic
- Veteran Student Success program
- Center for International Services and Programs
- Heath and Wellness Services
- Career Success network
- Disability Services
- Office of Institutional Equity
- Life up Vikes
- Care@CSU

Required Signatures:

Teacher Candidate: _____ Date: _____

OFS Program Coordinator: _____ Date: _____

Discretionary Signatures:

Instructor/ Field Supervisor: _____ Date: _____

Mentor Teacher: _____ Date: _____

OFS Director: _____ Date: _____

Other: _____ Date: _____