



LETTER OF CONCERN

Fax to the Practicum Office: 613-562-5441

Date:

Teacher Candidate:

**University of Ottawa
Student Number:**

School Name:

School Board:

Placement Period:

**University of Ottawa
Representative**

Associate Teacher:

**Grade(s)
Subject Area(s):**

Nature of Concerns:

Recommendations for Sustained Improvements:

The Teacher Candidate must clearly demonstrate to the Associate Teacher and the Faculty Representative that the areas of concern as indicated above have shown improvement. The recommendations for sustained improvements must be clearly evidenced by the Associate Teacher and the University of Ottawa Representative by the date:

Date:

Associate Teacher's Signature:

Date:

University of Ottawa Representative's Signature:

Date:

I have read this Letter of Concern and understand the recommendations for improvement required for continuation in this Practicum placement.

Teacher Candidate's Signature:

Date:

Next Steps/Outcome of the Meeting:

Associate Teacher's Signature:

Date:

University of Ottawa Representative's Signature:

Date:

Teacher Candidate's Signature:

Date: