

**FITNESS TO TEACH COUNCIL REVIEW FORM  
LEVEL II FORMAL REVIEW**

**Teacher candidate's name:** \_\_\_\_\_ **CWID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is the concern? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Criteria                      | <input type="checkbox"/> Personal & Prof Requirements |
| <input type="checkbox"/> Cultural & Social Attitudes & Behavior | <input type="checkbox"/> Emotional & Mental Abilities |
| <input type="checkbox"/> Physical Skills                        |   |

**Directions:**

1. Write the category and subheadings from the FTT document that apply (ex. Academic Criteria, a, c)
2. Please briefly describe the behavior, situation or class requirement that motivated you to complete this form and the setting(s) in which it was recognized. Use back of this sheet if necessary.

Academic Requiements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition of case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Following the review of the evidence presented from the previous FTT meetings, and after interviewing the student in question and the faculty involved with this case, the FTT Committee has made the following recommendation:

- Student is allowed to proceed in the program without further remediation plan  
 Student is allowed to proceed in the program with remediation plan (attached)  
 Student is not allowed to proceed in the program and is being dismissed from the program effective immediately.

Student signature indicates notification regarding the Committee's decision and is not an indication of agreement.

Student Signature: \_\_\_\_\_

**Committee Signatures:**

_____ Please Print	_____ Signature
_____ Please Print	_____ Signature
_____ Please Print	_____ Signature