

## Dewar College of Education Concern Form Policy

### **Purpose:**

The purpose of the Concern Form process is for faculty to identify students who may need remediation or intervention to successfully complete the professional requirements for their program of study.

### **Process Steps:**

- A. Faculty member discusses the concern with the department head.
- B. Faculty member completes a concern form and discusses it with the student.
- C. Student, faculty member submitting the concern form, and the department head meet to discuss the concern and to develop an action plan. If no action plan is warranted, the concern form is not formalized.
- D. If a warranted action plan is not completed to the satisfaction of all parties, an automatic review by the Undergraduate and Initial Teacher Preparation Policies Committee will occur. Based on this review, the student may be dismissed from his/her program of study
- E. If the Concern Form is a result of academic dishonesty, the faculty member is encouraged to submit a Report of Academic Dishonesty to the Student Conduct Office in the Dean of Student's Office. In addition to being part of the student's departmental advising folder, this report will also be made part of the student's disciplinary record and shall remain on file with the student Conduct Office in the Dean of Student's Office in accordance with the Board of Regents record retention policy.

*If the student refuses to sign the concern form and/or the action plan, the student may be dismissed from his/her program of study.*

### **Examples of concerns that should result in completion of a concern form include, but are not limited to:**

- Student who is excessively absent or late for class (see University policy and course syllabus).
- Student who does not exhibit professional dress or demeanor when interacting with other students, P-12 students, clients, or faculty as defined by students' major department.
- Student who exhibits disruptive behavior toward members of the faculty or staff. This includes classroom disruptive behavior.
- Student who does not demonstrate an ability to contribute effectively in a group setting.
- Student who exhibits a lack of proficiency in written and/or oral language skills.
- Student who exhibits a lack of content knowledge in any content area he/she is or will be teaching.
- Student who is removed from a field experience or clinical experience.
- Plagiarism or cheating on any graded activity (Use University policy).
- Blatant dishonesty or breach of confidentiality.
- Purposefully compromising the well-being of a student/client.
- Harassment of students/clients or faculty or staff.

Upon receiving three concern forms that are deemed warranted, or any incident considered a significant violation of ethical or professional behavior, the student will be removed from his or her Program of Study. This removal will result in an automatic review by the Undergraduate and Initial Preparation Policies Committee.

Concern forms deemed unwarranted should be destroyed.

**DEWAR COLLEGE OF EDUCATION**  
**Concern Form**  
**Valdosta State University**

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Student Name: ID No.

Major: Advisor:

Name of Instructor Initiating Concern Form:

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**Complete the following:**

1. Give evidence for area(s) of concern. Attach copies of documentation.

2. Student response to the completion of the concern form (student writes response below):

3. Meet with department head, faculty member, and student. Complete the following:

No action plan warranted. (Department head reports decision of no action taken to faculty member filing the concern form).

Action plan warranted (see next page)

4. The department head, faculty member, and student must sign the appropriate statement below.

**Department Head:** Statement: I have met with the student and faculty member to discuss this concern.

Department Head Signature

Date Met

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**Faculty statement:** I have met with the student and discussed the concern(s).

VSU Faculty Signature

Date Met

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**Student statement:** I have met with the faculty member and discussed the concern(s).

Student Signature

Date Met

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5. Distribute copies of this form and the Action Plan only if warranted to the Student Advising Folder; Department Head, and Faculty Member. If not, this form should be destroyed.

**DEWAR COLLEGE OF EDUCATION**

**Action Plan as a result of a Concern Form**

**Valdosta State University**

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Student Name:

ID No.:

Major:

Advisor:

Faculty Member:

Dept.:

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(Signature)

Required

Department Head:

Completion Date:

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(Signature)

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(Attach additional pages if necessary).

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I understand that failure to comply with this action plan may result in my not completing my program of study.

Student:

Date:

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This action plan has been completed to the satisfaction of all parties.

Department Head Signature:

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