UNIVERSITY of WASHINGTON | TACOMA

Form 2 — Facilitated Triad Conference & Collaborative Action Plan

Tier 2 — Completed jointly by the Teacher Candidate, Mentor Teacher, University Field Supervisor, as appropriate, and OFPP TCP Coordinator or OFPP Administrator.

Teacher Candidate:	**School / Site:**
Mentor Teacher:	**Grade / Subject:**
University Field Supervisor:	**Program:** ☐ **Undergraduate** ☐ **Graduate**
Date of Conference:	**Quarter:**

1. Reason for This Conference

- ☐ Follow-up to an unresolved Tier 1 (direct) conversation
- ☐ Concern has recurred despite coaching/support
- ☐ Teacher Candidate and/or Mentor Teacher requests facilitated support
- ☐ Other (describe below)

Brief, factual description of the concern:

---

2. Each Party's Perspective (one to two sentences each)

Teacher Candidate's perspective:

Mentor Teacher's perspective:

Supervisor's observations:

---

3. Action Plan

List two to three specific, observable goals. Vague goals ("communicate better") are not sufficient — each goal should be something a third party could verify was met.

#	Goal	Action Steps	Person Responsible	Evidence of Progress	Review Date

UNIVERSITY of WASHINGTON | TACOMA

4. Review

Review Date:	Reviewed By:

- ☐ Goals met — no further action needed
- ☐ Goals partially met — action plan extended (new review date above)
- ☐ Goals not met — referred to OFPP as a Tier 3 case (Form 3)

5. Signatures

Signatures acknowledge participation in the conference and receipt of the Collaborative Action Plan. A signature does not indicate agreement with every statement in the plan and is not an admission of fault.

Teacher Candidate	Mentor Teacher
Signature / Date: _____	Signature / Date: _____
University Field Supervisor (if present)	**OFPP TCP Coordinator / OFPP Administrator**
Signature / Date: _____	Signature / Date: _____

Original submitted to OFPP. Copies to all signing parties.