



**STUDENT DISPOSITIONS CONFERENCE  
MINUTES**

**Student's name:** \_\_\_\_\_ **Conference date:** \_\_\_\_\_

**Faculty member:** \_\_\_\_\_

**Disposition of concern:**

**Student's reason for the behavior:**

**Action plan for student/Proposed action to be taken:**

\_\_\_\_\_  
**Student's signature\*** \_\_\_\_\_  
**Faculty signature**

**\*Student's signature acknowledges receipt of a copy of this document only.**

**Cc:**     Student's advisor  
           Department chair  
           Director of Teacher Education (as appropriate)

**Dept. review outcome (if applicable):**

\_\_\_\_\_  
**Date of review:**

**Recommendation to Associate Dean (if applicable):**

Copies: White-Student's Advisor; Pink-Student; Gold-Department Chair; Green-Director of Teacher Education