CSUB Appeal Process for the Disposition Assessment

Dispositions are integrated and assessed within programs at various transition points. Typically, candidates receive a copy of the dispositions when they meet with their advisors after filing an “intent to major” application. Candidates then complete a dispositions self-assessment during the admission interview process. This helps candidates become familiar with department expectations and encourages reflection upon their own professional attitudes and behavior.

A faculty member who observes a regular pattern of candidate behavior that demonstrates a failure to meet disposition standards completes an candidate improvement plan that is placed in the candidate’s file. The report is shared with the candidate, allowing the candidate the opportunity to work on changing his/her attitude/behavior related to the identified disposition. Advisors systematically review candidates’ files when an application for student teaching is submitted and discuss any disposition incident and progress the candidate has made before approving the student teaching application. Candidates who have not made progress toward the disposition standards are not allowed to student teach. A decision letter will be mailed to the candidates by program coordinators.

Procedure for Initiating Appeal

A candidate must initiate an appeal in writing using the Student Appeals Action Form within 21 calendar days from the mailing date of the decision letter from the program coordinator. This written appeal should be sent, care of the program coordinator, to the Student Appeals Committee, which shall review the appeal. Written notification of Committee recommendations is sent to the School Dean, whose decision may not be appealed.

Student Appeals Committee Membership

Chair, appointed annually by the School Dean

Two members of the Professional Unit, elected by the constituency, and representing the following:

- Initial Credentialing Program
- Advanced Programs

Attendance at the Hearing

The candidate involved may be assisted by an advisor. The advisor may be another candidate, an administrator, or a faculty member. Witnesses may be called on behalf of the candidate who initiated the appeal process. The advisor does not speak on behalf of the candidate, testify (unless he or she has first-hand-knowledge of a fact), or question witnesses. The advisor generally consults and/or privately interacts with the candidate, unless the University grants the advisor permission to represent the candidate in a particular case. Resource persons or expert witnesses may be called at the request of the Committee.
Procedure

Preparation for the Hearing - All parties must be informed of the appeal in writing by the chair of the Student Appeals Committee (hereafter referred to as “chair”), normally within five class days after the receipt of the appeal application. Copies of documents and correspondence filed with respect to the appeal shall be provided to the relevant parties through the chair. Thereafter, neither new evidence nor new charges shall be introduced by the candidate before the Committee. The chair shall notify in writing the relevant parties of the exact time and place of the hearing at least seven calendar days before the beginning of the proceedings. Whereas the burden of proof rests upon the person bringing the appeal, the Student Appeals Committee may seek out pertinent witnesses and documentation.

Hearing Procedure - During the hearing, both the faculty member and the candidate shall be accorded ample time for statements, testimony of witnesses, and presentation of documents.

Recommendation of the Student Appeals Committee

The Student Appeals Committee shall deliberate in executive session and customarily render a recommendation by majority vote within five calendar days of the close of the hearing. The chair shall notify the School Dean and the candidate in writing within five days of the Committee's final recommendation.
Candidate Improvement Plan

Special Education Program
California State University, Bakersfield

The CSUB Credential Programs provide opportunities for candidates to develop foundational knowledge, professional skills, and dispositions. University faculty, coordinators, and supervisors make reasonable attempts to help candidate develop these competencies. If a candidate is not developing competencies required for recommendation for a credential, it may be necessary to take corrective action(s) as dictated by departmental and institutional policies, CSU Executive Orders, and CTC guidelines. If the corrective action does not lead to the necessary competence, it may be necessary to dismiss the candidate from the credential program after the due process is exhausted.

Although cases may vary, the following general departmental due process will be implemented as outlined below:

**Step 1: Improvement Plan**
A university supervisor, faculty member, or coordinator completes the **Credential Candidate Improvement Plan** and requests approval from the Credential Program Director. The Program Director meets with the Credential Candidate to review the areas of concern and to establish specific steps for improvement. This improvement plan is provided to the candidate (and other involved parties) in writing.

**Step 2: Decision to Dismiss**
If the candidate does not meet the stipulations in the improvement plan and continuation in the program is not recommended, a committee of faculty members including the Program Director may decide to dismiss the candidate from the program.

**Step 3: Grievance Process**
If the candidate would like to appeal the decision, he or she may send a written request to the Teacher Education Department Appeals Committee, which includes faculty members, the Program Director, and the Department Chair. The Appeals Committee will meet with all involved parties and inform the candidate of the final decision in writing.
Credential Candidate Improvement Plan

Credential Candidate: ______________________ Quarter/Year: _______ Date: ________

University Supervisor/Instructor/Coordinator: _____________________________________

Area(s) of Concern (Please list specific areas of concern):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Specific Improvement Actions with timeline for completion:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Once signed, please provide copies to the candidate, Program Director, and Program Evaluator (for candidate’s file).

Credential Candidate: __________________________ Date: __________

Supervisor/Instructor: __________________________ Date: __________

Decision:

____ Improvement Plan met

____ Candidate has demonstrated growth and has additional time to further improve. Please indicate the amount of time allotted for this: _____________________________________

____ Candidate is removed from the program

Program Director Signature: __________________________ Date: __________
Student Appeals Action Form
(To be initiated by the candidate)

Name______________________________________Candidate ID#______________________

Address___________________________________City_____________State/Zip_______________

Phone/Email _________________________________________________ Major_____________

Signature__________________________________________Date_______________________

DECISION BEING APPEALED: State ruling to which exception is desired. All relevant forms and documentation must accompany action form.

RATIONALE FOR APPEAL: State reason for why the ruling cited above should be overturned.
The following signatures should be obtained prior to filing the Student Appeals Action Form.

**CANDIDATE’S ADVISOR:**

__________________________  __________________________
Signature                  Print name

**DEPARTMENT CHAIR:**

__________________________  __________________________
Signature                  Print name

*The following should be completed after the decision on the appeal.*

**DECISION OF THE DEAN:** _____ Approval of appeal _____ Denial of appeal

__________________________  __________________________
Signature                  Print name