

REMEDIATION PLANNING FORM

Date of Conference	Student Name		
Initiator of Conference	Student Address		
Other Faculty Present		Student Phone	
Remediation Plan Addresses (please check)			
<input type="checkbox"/> Performance in course (list course) _____		<input type="checkbox"/> Performance on Practicum	
<input type="checkbox"/> Performance on Internship		<input type="checkbox"/> Performance in Dissertation	
<input type="checkbox"/> Performance in CCE			
I. AREAS OF CONCERN Please circle the appropriate area and provide behavioral descriptors and explanations.			
A Academic or Clinical Competency 1. Knowledge Base 2. Skill Level 3. Experience 4. Other		B Professional Relationships 1. Student-Faculty 2. Student-Peer 3. Trainee-Client 4. Trainee-Clinical Supervisor 5. Other	
C Professional Responsibilities/Ethics 1. Meeting Obligations 2. Ethical Responsibilities 3. Conflict 4. Attitudes		A Language Skills 1. Oral Expression 2. Written Expression 3. Reading Skills	
Concern Explanation/Description			

II. REMEDIATION PLAN

Objectives/Goals	Plan to Meet Objectives & Goals	Criteria for Goal Attainment	Date When Objectives are to be Met
1.			
2.			
3.			
Faculty Signature			Date
Faculty Signature			Date
Faculty Signature			Date
Student Signature			Date

III. PROGRESS CHART
Complete after remediation is finished

Goal	Estimate of Progress (circle one)	Date
1.	Full Some None	
2.	Full Some None	
3.	Full Some None	

Recommendation

Faculty Signature	Date
Faculty Signature	Date
Faculty Signature	Date
Student Signature	Date