Action Plan Form

Description of the areas of concern

Description of the intern's strengths

Steps to be taken to address performance concerns

Specific description of the expectations and objectives (Behavioral terms are preferred)

Time Frames (when the intern is expected to demonstrate improvement). Action plan should be reviewed within 30 – 60 days.
By ____/____/____ the student is expected to complete action plan.

_____ ____/____/____
Field Instructor *Date*

_____ ____/____/____
Student Signature *Date*

_____ ____/____/____
Task Supervisor (when assigned) *Date*

_____ ____/____/____
Faculty Liaison *Date*

Date____/____/____

____Student has demonstrated an acceptable level of improvement
____Student has not demonstrated an acceptable level of improvement.
If the problem(s) remain unresolved the faculty liaison must notify the field coordinator to determine the next action step.
Cc: Field Coordinator, Academic Advisor

Cc: Field Coordinator, Academic Advisor, Field File
Attach additional pages as necessary