



## CALIFORNIA STATE UNIVERSITY, STANISLAUS

SOCIAL WORK

### 30 Day Action Plan

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Names of those present at Action Plan Meeting: \_\_\_\_\_

Please attach a typed sheet that addresses each of the following in detail. Give specific examples for each. Additional documentation may be attached:

- Description of the areas of concern. Please cite specific competencies.
- Description of intern's strengths.
- Specific steps that will be taken to address performance concerns. Please state in behavioral terms and link to specific competencies.

Date & time of 30 day follow-up meeting with intern, Field Instructor & Liaison: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Field Instructor* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Student Signature* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Task Supervisor (when assigned)* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Faculty Liaison* *Date*

#### **FOLLOW-UP**

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, Field File