

# REMEDIATION PLANNING FORM

Date of Conference	Student Name
Initiator of Conference	Student Address
Remediation Plan Addresses (please check)	
Performance in course (list course) <hr style="width: 30%; margin-left: 0;"/> Performance on Internship Performance in CCE	Performance on Practicum  Performance in Dissertation
<b>I. AREAS OF CONCERN</b> 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 4. Critical Thinking 5. Other
Concern Explanation/Description	

## II. REMEDIATION PLAN

Objectives/Goals	Plan to Meet Objectives & Goals	Criteria for Goal Attainment	Date When Objectives are to be Met

Faculty Signature	Date
Faculty Signature	Date
Faculty Signature	Date
Student Signature	Date
<p>___ I understand that if any portion of my remediation plan is not met by the required deadlines, my student status may be in jeopardy in the Psy.D. Program.</p>	

**III. PROGRESS CHART**  
Complete after remediation is finished

Goal	Estimate of Progress (circle one & Explain)	Date
	<b>Full      Some      None</b>	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	
	Full      Some      None	

Recommendation:

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