

**Action Plan
Student Name
Semester Year
Program Area
Internship**

Description of the Placement:

Background Information:

The Areas of Concern: (If instructional, include the SCTS 4.0 indicator(s) not being adequately addressed)

Plan for Improvement:

Consequence: This action plan is designed to assist the intern in successfully completing this internship. If the intern does not fulfill the plan for improvement the intern may be removed from the internship. If removed from the internship, the intern may be withdrawn from all corresponding coursework and a grade of W or WF assigned based on the Registrar's Office withdrawal timeline.

Timeline:

I understand that my coaching teacher, university supervisor, and program area faculty will be monitoring my progress in regard to these areas of concern. The Action Plan will be reviewed weekly to determine if improvement is being made in regard to the issues outlined above.

(Intern's Signature)

(Date)

Action Plan Conference Attendees:

***The Action Plan should be signed by the intern, coaching teacher, university supervisor, and any others who attend the initial Action Plan conference.**

(Intern's Signature)

(Date)

(University Supervisor's Signature)

(Date)

(Coaching Teacher's Signature)

(Date)

(Other Signature)

(Date)

(Other Signature)

(Date)

Action Plan Outcome:

_____ ***The intern has successfully completed the Action Plan and mastered all areas of improvement.***

_____ ***The intern has not successfully completed the Action Plan and mastered all areas of improvement. Thus, additional observations are needed AND the Action Plan will be extended through _____.***

_____ ***The intern has not successfully completed the Action Plan and mastered all areas of improvement. Thus, the consequences outlined in this contract will be implemented.***

_____ ***The intern has not successfully completed the Action Plan and mastered all areas of improvement. If warranted, the supervisor and program faculty will hold a meeting with the Assistant Dean for Professional Preparation to determine the course of action to be taken.***

(Intern's Signature)

(Date)

(University Supervisor's Signature)

(Date)

(Coaching Teacher's Signature)

(Date)

(Other Signature)

(Date)

(Other Signature)

(Date)