



Graduate Programs in School Counseling and School Psychology

Program Improvement Plan for Graduate Students

Section A - Plan

Student Name: _____ Semester: _____

Program: _____

Reason for Remediation:

Remediation Objective(s):

Remediation Activities:

Time Frame for Completion: _____

Acknowledgement of Program Plan for Remediation:

Course/ Fieldwork Instructor Signature _____ Date: _____

Student Signature _____ Date: _____

Program Plan for Graduate Student Remediation

Section B - Completion

Student Name: _____ Semester: _____

Course/fieldwork Title: _____

Outcome(s):

Remediation Complete

Course instructor/ fieldwork supervisor

Date

Faculty will complete this form in presence of student and print three copies:

1. Keep the signed original for yourself
2. Give one copy to student
3. Give one copy to Ms. Hilary Leath to place in student's file (Ms. Leath will track the process to ensure that all remediation assignments are completed).
4. When remediation is complete, give your signed original to Ms. Leath to place in student's file.