

Collaborative Success Plan

Form to Address Performance-Related Issues

<input type="checkbox"/> Initial Collaborative Success Plan: _____(date)			
<input type="checkbox"/> Progression Meeting for Collaborative Success Plan: _____(date)			
Student Name (Please Print):		Banner ID:	
Course Code:		Date:	
Instructor:		Year Lead/Clinical Coordinator (if applicable):	
Placement Location (if applicable):			
A. Summary of Current Level of Performance			
B. Instructor Description of Situation and/or Practicum Issues/Concerns			
<i>i) Areas where the student is meeting requirements:</i>			
<i>ii) Areas where student is observed to be experiencing difficulty:</i>			
C. Student's Description of Situation and/or Practicum Issues/Concerns			
<i>i) Areas where the student believes they are attaining success:</i>			
<i>ii) Areas where the student believes they perceive to 'need improvement':</i>			

D. Collaborative Plan to Achieve Success Moving Forward (to be completed by both the student and instructor)

Minimal expectations to demonstrate competency or PASS (Goals)	Actions Required to Meet Course Expectations	Target Date	Achievement Date

E. Plans and Documentation for Progression and Follow-up	
Date for Progression Report:	
Referral required for lab ((If yes, complete Lab Referral section below): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date communicated:
Communication to practicum office required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date communicated:
F. Signatures upon initial Collaborative Success Plan <i>Signatures reflect that the document has been reviewed with the student. The student understands that failure to meet ALL of the requirements listed in Sections D. and E. will result in failure of the course and/or further action.</i>	
Student Signature:	Instructor Signature:
G. Documentation of Progression and Follow-up	
Interim Progression Meeting Date:	
Interim Progression Report – Student Perspective (if necessary additional expectations may be to section D or E)	
Interim Progression Report – Instructor Perspective (if necessary additional expectations may be to section D or E)	

H. Conclusion of CSP & Signatures

If the student has successfully met all requirements and expectations outlined within this CSP please append a copy of this CSP in its entirety to the student's final and/or evaluation.

If the student has not successfully met all the requirements and expectations outlined within this CSP, the Year lead/Clinical Coordinator/Instructor will be in contact to establish a meeting. Until further discussion is had, the student is NOT allowed to participate in practicum and/or simulated practicum experiences.

The student has completed the CSP, and met all expectations as outlined in Sections D & E?

- Yes – The student has successfully met all expectations**
 No – The student has not met all expectations (please provide next steps in the space provided)

Student Signature:

Instructor Signature:

Additional Student/Instructor Comments (optional)

For Incomplete CSPs Indicate Next Steps Here:

LAB REFERRAL

Referral for:	<input type="checkbox"/> Recommended Skill Development	<input type="checkbox"/> Student requires independent remedial clinical skills development in the lab during IPR time
		<input type="checkbox"/> Student requires remedial clinical skill development at a mutually arranged time
	<input type="checkbox"/> Recommended Lab Assessment	Student is to be withdrawn from clinical practicum setting until such time that the assigned assessor has approved competency in the skills designated below: <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Clinical Competencies Requiring Remedial Skills Development/Assessment Within the Lab:

COMPETENCY APPROVAL

This section to be completed after competencies are practiced, observed, and approved

Student Signature: _____ Date: _____

Assessor Signature: _____ Date: _____