

Appendix A: Practicum Plan for Success

Student Name (Please Print):	Student Number:
Course Title/Code:	
Placement:	
CD:	
Field Supervisor:	
Date:	

A. Course Director's (CD) Summary of the incident/conflict:

a) Date of 1st meeting:

b) Date of email notification summarizing the essence of the 1st meeting and outcomes:

B. Course Director's (CD) description of situation/practicum issue/concern as identified in the 2nd meeting:

a) General summary of the facts provided from the 2nd meeting:

b) Unresolved areas of concern; what worked & what didn't work with the initial plan from the 1st meeting:

c) Areas where student is meeting requirements:

d) Areas where student is observed to be experiencing difficulty:

C. Student's Description of issue/concern: (CD or Staff email these guiding questions to student prior to the 2nd meeting)

a. Areas where you believe you are attaining success:

b. Areas where you perceive 'need improvement':

D. Action Plan – Plan for success (to be completed collaboratively)

Minimal expectations to demonstrate the issue/concern is resolved (what needs to happen for all parties to be satisfied? May be linked to course competencies)	Actions required to meet expectations	Target Date
	Referral required to UPD <input type="checkbox"/> Yes <input type="checkbox"/> No Date Communicated _____	
	Student Referral to OSCR <input type="checkbox"/> Yes <input type="checkbox"/> No Date Communicated _____	

Date to review progress:	Date:
Student Signature:	Date:
Placement Supervisor Signature:	Date:
Course Director Signature:	Date: