

## Appendix A: Practicum Plan for Success

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

<b>A. Course Director's (CD) Summary of the incident/conflict:</b>
<p>a) Date of 1<sup>st</sup> meeting:</p> <p>b) Date of email notification summarizing the essence of the 1<sup>st</sup> meeting and outcomes:</p>

<b>B. Course Director's (CD) description of situation/practicum issue/concern as identified in the 2<sup>nd</sup> meeting:</b>
<p>a) General summary of the facts provided from the 2<sup>nd</sup> meeting:</p> <p>b) Unresolved areas of concern; what worked &amp; what didn't work with the initial plan from the 1<sup>st</sup> meeting:</p> <p>c) Areas where student is meeting requirements:</p> <p>d) Areas where student is observed to be experiencing difficulty:</p>

<b>C. Student's Description of issue/concern: (CD or Staff email these guiding questions to student prior to the 2<sup>nd</sup> meeting)</b>
<p>a. Areas where you believe you are attaining success:</p> <p>b. Areas where you perceive 'need improvement':</p>

<b>D. Action Plan – Plan for success (to be completed collaboratively)</b>		
<b>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)</b>	<b>Actions required to meet expectations</b>	<b>Target Date</b>
	Referral required to UPD Date Communicated	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
	Student Referral to OSCR Date Communicated	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

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