

REMEDIATION PLAN - STAGE1

There are a variety of circumstances leading to a Remediation Plan for Clinical Experiences. Prior to implementing a Remediation Plan, the University Supervisor must communicate with the cooperating teacher, and/or school officials, and the Clinical Intern to discuss the rationale for a plan.

Some guidelines for implementing a Remediation Plan include:

- If after the second visit, but no later than the third visit, a clinical intern is being challenged, a Remediation Plan should be implemented.
- If there is an immediate area(s) of concern by the cooperating teacher, district/school official and/or supervisor, a Remediation Plan should be implemented.

REMEDIATION PLAN PRIOR TO CLINICAL EXPERIENCE PLACEMENT: STAGE 1

Clinical Intern's Name:*

Banner ID:*

Course # and Title:

Placement (School / District):

STAGE 1

PRIOR TO IMPLEMENTING A REMEDIATION PLAN, THE UNIVERSITY SUPERVISOR MUST COMMUNICATE WITH THE COOPERATING TEACHER, AND/OR SCHOOL OFFICIALS, AND THE CLINICAL INTERN TO DISCUSS THE RATIONALE FOR A PLAN.

#1 Observation/Evaluation Date:*

MM / DD / YYYY



Please submit the completed observation, evaluation, or professional disposition that has triggered the necessity of the Remediation Plan.*

+ Select File(s)

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THERE IS AN IMMEDIATE AREA OF CONCERN BY THE COOPERATING TEACHER, DISTRICT/SCHOOL OFFICIAL AND/OR SUPERVISOR PROMPTING A REMEDIATION PLAN IMPLEMENTATION.

- ☐ Yes
- ☐ No

Additional Comments:

#2 Observation / Evaluation Date:*

MM / DD / YYYY



Please submit the completed observation, evaluation, or professional disposition that has triggered the necessity of the Remediation Plan.*

+ Select File(s)

Drag and drop file here

THERE IS AN IMMEDIATE AREA OF CONCERN BY THE COOPERATING TEACHER, DISTRICT/SCHOOL OFFICIAL AND/OR SUPERVISOR PROMPTING A REMEDIATION PLAN IMPLEMENTATION.

- ☐ Yes
- ☐ No

Additional Comments:

#3 Observation / Evaluation Date:

MM / DD / YYYY

Please submit the completed observation, evaluation, or professional disposition that has triggered the necessity of the Remediation Plan.

+ Select File(s)

Drag and drop file here

THERE IS AN IMMEDIATE AREA OF CONCERN BY THE COOPERATING TEACHER, DISTRICT/SCHOOL OFFICIAL AND/OR SUPERVISOR PROMPTING A REMEDIATION PLAN IMPLEMENTATION.

- ☐ Yes
- ☐ No

Additional Comments:

OFFICE OF CLINICAL EXPERIENCES NOTIFICATION

Has the Office of Clinical Experience been notified of the Remediation Plan is being initiated?*

- ☐ Yes
- ☐ No

Will the Clinical Intern require a new Field Placement?

- ☐ Yes
- ☐ No

Update

Cancel

REMEDIATION PLAN - STAGE2

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REMEDIATION PLAN PRIOR TO CLINICAL EXPERIENCE PLACEMENT: STAGE 2

ONCE THE REMEDIATION PLAN IS IMPLEMENTED, THE PLAN IS CONTINUOUS UNTIL PLACEMENT IS COMPLETE. IF ADDITIONAL GOALS ARE REQUIRED, THE PLAN MAY BE REVISED ACCORDINGLY.

Clinical Intern's Name:*


Banner ID:*


Course # and Title:

Placement (School / District):


STAGE 2


EVALUATION OR REVIEW DATE*





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REMEDIATION PLAN REPORT

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GOAL	PLAN	MEASURED SUCCESS	REVIEW	COMMENTS	IMPLEMENTATION DEADLINE	GOAL MET
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There is no data to display.

Has an update of this plan been forwarded to the Office of Experiences?*

☐ Yes

☐ No

Update

Cancel

REMEDIATION PLAN - STAGE3

There are a variety of circumstances leading to a Remediation Plan for Clinical Experiences. Prior to implementing a Remediation Plan, the University Supervisor must communicate with the cooperating teacher, and/or school officials, and the Clinical Intern to discuss the rationale for a plan.

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REMEDIATION PLAN PRIOR TO CLINICAL EXPERIENCE PLACEMENT: STAGE 3

Clinical Intern's Name:*

Banner ID:*

Course # and Title:

Placement (School / District):

REMEDIATION PLAN COMPLETION

Date of Meeting with the Office of Clinical Experience*

MM / DD / YYYY



It was determined:*

Acknowledgments:*

+ Select File(s)

Drag and drop file here

Final Plan Review Date:*

MM / DD / YYYY



It was determined the Remediation Plan will:*

- ☐ Continue
- ☐ Dismiss
- ☐ Other

Additional Details

+ Select File(s)

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Additional Notes:

Update

Cancel