**FORM I**

**PRACTICUM IMPROVEMENT PLAN**

**(The boxes will expand as you type)**

|  |  |  |
| --- | --- | --- |
| This form is completed by the agency field instructor, task supervisor, student, or the ISU faculty liaison when a meeting is held to address a concern raised about the practicum by the student, the agency or the School of Social Work. Each party must review and sign the document. A copy will be provided to the student, agency, ISU faculty liaison, and Director of Field Education. | | |
| Student: | |  |
| Date: | |  |
| Agency/School: | |  |
| Agency/School Field Instructor:  Task Supervisor: | |  |
| The student is currently enrolled in: (check the field courses that apply) | | |
| \_\_ SWK 394 \_\_ SWK 395 \_\_SWK 398.10 \_\_ SWK 398.11  \_\_\_\_SWK 422 \_\_\_ 498.01 \_\_\_ SWK 491 \_\_\_\_ SWK 498.03 \_\_\_492 \_\_\_SWK 498.04 | | |
| NARRATIVE OF IDENTIFIED CONCERN: | | |
|  | | |
| PREVIOUS ATTEMPTS TO ADDRESS THE CONCERN (check all that apply): | | |
| Educational feedback | | |
| Increased supervision | | |
| Changes in the Learning Contract | | |
| Other: | | |
| OUTCOME OF ATTEMPTS: | | |
|  | | |
| PLAN FOR RESOLUTION (complete the following in concrete, behavioral terms) | | |
| Student will:       by (date)      . | | |
| Agency Field Instructor/Task Supervisor will       by (date)      . | | |
| ISU Faculty Liaison will       by (date)      . | | |
| Projected date of evaluation: | | |
| PLAN FOR EVALUATION (include concrete indicators of progress/problem resolution): | | |
|  | | |
| I have been provided a copy of the document: | | |
| Student Signature |  | |
| Agency/School Field Instructor Signature & Task Supervisor |  | |
| ISU Faculty Liaison Signature |  | |
| Director of Field Education |  | |
| This form completed by |  | |

**Remediation Report**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (Print) Student Identification Number

The above student has/ has not fulfilled the remediation plan established on:\_\_\_\_\_\_\_\_\_\_\_

(Date)

Director of BSW/MSW Student Services Comments:

Director of BSW/MSW Student Services Signature: Date

Program Director Signature: Date

Student Signature: Date

Director of Field Education Signature: Date