

## **APPENDICES**

## **DIRECTIONS FOR APPLICATION TO CLINICAL COHORT IN COUNSELING**

**All of your materials should be placed in a one inch hardback three ring notebook.** You may put the course projects in pocket folders and put these in the notebook, or you may hole punch the papers and put them in the notebook. Be sure your name is on the spine and front of the notebook. Include (in order):

- Resume (see directions)
- Goals Statement (see directions)
- Field Experience Agreement form signed by principal (for teachers & other school personnel)
- Terms of Agreement for IUS Counseling Program; signed and dated
- Assertion Paper from G500 plus instructor comments/rubric
- School Counseling Paper from G500 plus instructor comments/rubric
- Diversity issue paper from H520 plus instructor comments/rubric
- Child observation project from P515 plus instructor comment/rubric

If you did not take the pre-core classes at IUS simply note this on the resume and we will know not to look for papers from these courses. **If you are still taking courses in the spring in which you apply, you must submit a form from your instructor indicating your grade at midterm and you must submit a paper from that class that is graded. (Form is on page 25.)**

Use the forms provided for the 3 letters of recommendation. Have these sent directly to Dr. Fields, or the current Program Coordinator, by the recommender. They must arrive before April 1 of the year you are applying.

### **DIRECTIONS FOR GOALS STATEMENT**

I. Write a brief statement (1-2 pages) telling us why you want to be a school counselor. What appeals to you about this job? Explain why you think you are well suited to being a school counselor. What attributes will you bring to counseling? What will be the hardest things for you personally to deal with in the job?

II. In a separate section of one or two paragraphs, talk about the commitment you are willing to make to the program. How will you rearrange your priorities to make time for the two years of this program? How will you manage to dot he practicum and internship requirements within you current job? What support systems will you have personally and professionally?

**GOALS STATEMENT AND RESUME MUST BE TYPED IN 12 POINT FONT ON ONE SIDE OF THE PAPER ONLY. DO NOT USE UNUSUAL FONTS OR ALL CAPS.**

**All materials must be received by April 1 (if April 1 falls on a Saturday or Sunday, the materials will be due on the Monday after April 1).** You may bring them to Dr. Field's office (or the current Coordinator) or leave them in the School of Education Office. Materials will be reviewed April 1 and 2 for completeness. You will be notified by e-mail if there is anything missing and you will be given 7 days to get those missing materials to us. You will be notified regarding your admission to the program by the end of April so that you have plenty of time to register for the first class.

**If you are accepted the first class will be G504, Summer II Intensive (July). Check the schedule for exact time and dates.**

## DIRECTIONS FOR RESUME

The resume is an opportunity for you to explain the experiences that will make you a good candidate for the counseling program. Be sure to include enough explanation that we can get a complete picture of your experiences. **This is not like a business resume where they only want one page. For this resume, more is better.**

**Name**

**Address**

**Phone (work and home)**

**Student ID Number**

**Email**

**Education:** Degrees and Institution (Be sure to include any honors you received)

**Courses completed in the pre-counseling core** (List semester and year you completed each course. If you are currently in a course, include the name of the instructor.)

**Current Job(s):** Give place and address and job title. Use three or four lines to describe your duties; focus on those pertinent to the school counseling program.

**Example:** Fourth grade teacher, Smithville Elementary 1998 – Present. I work with two other teachers to teach 90 fourth grade students. I have primary responsibility for reading and social studies lessons. I also serve on the curriculum committee for fourth grade and am the building representative for the district crisis team. I am the sponsor for the student council which includes students from grades 4-6.

**Job History:** Give place and your job title and pertinent duties, again using several lines for each job. List chronologically starting with the most recent (indicate years you worked there). Only include jobs that would be important for the counseling program. Unless you are a recent graduate, only include jobs since your bachelor's degree. Recent graduates can include jobs during college.

We use this job history to establish the experience you have had with K-12 children **SINCE** your bachelor's. If you have had several part-time jobs; please give us a statement showing how you meet the minimum requirement of 18 months and if you have additional experience. When it is difficult for us to count your experience, we tend to count on the low side.

**Volunteer Work or Pre-Bachelor work:** Give place and pertinent duties; list chronologically starting with the most recent. List only the experiences that would be important and relevant for the Counseling Program.

**Additional Training:** Include a list of workshops, conferences, etc., that you have attended that would give you additional expertise in the field of education and/or counseling. Indicate the length of training (ex. 2 days, 5 days, over 1 year, etc.). Include only significant training.

**Bonus Experience:** We want to give applicants credit for significant experience in the following areas: special education, diversity (other than disability), and leadership. Document any experience you have in any of those areas and give us a reference to call for verification.

**Example.** Diversity – My school has 24% racial/ethnic diversity. For two years I have served on a committee to plan programs for ENL students in our school, who make up 5% of our students. I have been to four days of training on services for ENL students.

**Grade in Spring Course(s)**

Course Number and Title:

Instructor:

Grade at midterm; prediction of likely grade in the course:

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

Instructor should put this form in an envelope and leave in the mailbox of Dr. Fields. The same information may be e-mailed to Dr. Fields ([thfields@ius.edu](mailto:thfields@ius.edu)) (or the current Coordinator) using an account in the instructor's name.

## TERMS OF AGREEMENT

1. I agree to join the American School Counseling Association by fall of my first clinical year and to continue the membership for the two years of the cohort. (Membership forms will be provided in first cohort class.)
2. I will commit to attend all classes, except in cases of emergency, realizing that other members of the class depend on my attendance to practice their skills.
3. I agree to attend conferences both years of the cohort which are determined by the Program.
4. I understand that I must pass Decision Points 3 and 4 including all dispositions as described in the enclosed sheet to continue in the program.
5. I understand that in practicum I will need to spend 6 hours a week for one semester doing counseling activities in a school and during internship I will spend 300 hours (for certified teachers) and 600 hours (for non-teachers) doing counseling activities with 25 of those hours in a diverse placement if I am not in a diverse school, and 25 and 15 hours at two levels outside my primary internship setting (the 25 hours for another level may be the same as the diversity placement).
6. I understand that during the program I will have a twofold role. As a student counselor, I will be required to demonstrate entry level counseling knowledge, skills, techniques and dispositions. As a student client I will be responsible for choosing personal behavior change goals. I agree to make a sincere effort to work on my chosen goal with my student counselor or group leader.
7. I understand that throughout the program I will be required to self-disclose personal thoughts, feelings and behaviors during class exercises, but will be able to select what I disclose. I always have the right to decline to discuss any personal information. No part of my grade is determined by what I disclose as a student client or in class exercises.
8. I understand that it is my ethical and professional responsibility to keep personal information disclosed by other students in the program confidential, and not to disclose this outside of class. I agree to abide by the ethical guidelines of the American School Counselor Association when I work as a student counselor in the K-12 schools.
9. If I am not currently working in K-12 schools, I agree to follow regulations regarding a criminal history check of the local school system where I do practicum and internship. I understand that I will have to repeat this check before applying for my counseling license.
10. I understand that other faculty members, site supervisors, or advisory board members may review my work and copies may be kept to demonstrate program standards.
11. I have obtained a copy of and read the Program Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FIELD EXPERIENCE AGREEMENT FOR SCHOOL PERSONNEL

The employee named below has applied to be a masters candidate in the IU Southeast Program in School Counseling. The program is a 48-hour master's degree with the final 36 hours taken in a two-year cohort program, which begins in the summer and continues with two evening courses on Monday and Wednesday in the fall and spring for two years and three courses in the intervening summer.

Only 16 students are accepted into the program each year and there is a significant investment in time and energy by the student during those two years. In addition to the expectation of class attendance, the teacher must do three semesters of field experience in your school. This will require using the planning period, plus time before and after school and in the summer to complete the activities. It will be necessary for the student to do individual and group counseling, classroom guidance and school achievement advocacy projects in your school during the two years, under the supervision of a university professor and a counselor in your school. If there is no counselor in your school, then an off-site supervisor will be assigned by IU Southeast.

**As the candidate's administrative supervisor, the IU Southeast program needs to be sure that you understand what is required and that you agree to allow the student to use their preparation time PLUS time before and after school to do the counseling activities for three semesters. In addition, the student will need to use two personal or professional leave days each year to attend counseling conferences. If you have a certified school counselor in your building, that counselor will need to provide an hour of site supervision for the counseling student each week. Further details regarding program requirements can be found in the program handbook that is available on the IUS website.**

It has been our experience that the school benefits greatly from having a teacher who is doing counseling field experiences because the counseling student is able to assist the regular counselor and can even do some new projects and services. You also gain a teacher who has highly developed skills for working with students and improving student achievement.

When you have discussed the IU Southeast Counseling Program with your supervisee, both of you should sign below to indicate that you are aware of the program requirements and you agree to work together so that s/he can successfully complete the program requirements. If you have questions please call: Dr. Teesue Fields at 812-941-2658 or e-mail: [thfields@ius.edu](mailto:thfields@ius.edu)

\_\_\_\_\_  
Counseling Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

School: \_\_\_\_\_

## **DIRECTIONS and FORMS FOR RECOMMENDATIONS**

You need three recommendations. One form must be from the G500 professor, and two from job supervisors. These are two separate forms. Be sure to stress that the recommender answer all items.

### **Academic Recommendation**

The Academic recommendation must be from the IUS professor for G500. **Use the Academic Recommendation Form; sign the top and give it to your G500 professor. The instructor will return it to the program coordinator.**

### **Supervisor/Counselor Recommendations for Teachers**

You must have one recommendation from your current principal or assistant principal. Pick an administrator who knows you well enough to comment on each of the areas listed.

The second recommendation must be from a school counselor in your building. If you do not have a counselor in your building, then the second letter may come from another building administrator or from a central office person who knows you well, or from a colleague who has worked with you in a quasi-supervisory capacity, such as chair of a curriculum committee on which you served.

### **Supervisor/Counselor Recommendation for Non-teachers:**

You must have one recommendation from your current job supervisor.

The second recommendation can be from someone from another agency who has worked extensively with you or someone in a supervisory role in your agency, even if they are not **your** supervisor. It will strengthen your application if this letter is from a principal or counselor from a K-12 school with whom you have worked. It is acceptable for this letter to be from a school where you did volunteer work as long as the letter writer knows you well enough to complete all items.

Have all recommendation sent directly to:

Dr. Teesue H. Fields  
School of Education, Indiana University Southeast  
4201 Grant Line Road  
New Albany, IN 47150

**YOU SHOULD PROVIDE THE WRITER WITH AN ADDRESSED, STAMPED ENVELOPE TO FACILITATE THIS PROCESS.** Be sure to follow-up with a thank you note!

**Letters should reach IUS before April 1. Give your references plenty of time to complete their forms. You may have the letters sent any time during the year, but prior to April 1.**

## ACADEMIC RECOMMENDATION FORM

For Application to the IU Southeast M.S. Degree Program in Counseling

\_\_\_\_\_ (print name) has applied for admission to the clinical portion of the M.S. in Counseling in the School of Education at Indiana University Southeast. Your evaluation of the applicant's ability to be successful in this program will greatly facilitate the work of the admissions committee.

This recommendation letter will be placed in the applicant's counseling admission file. Because of federal legislation giving students access to educational records, the School of Education cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver below.

### APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby freely and voluntarily waive my rights of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print applicant name and e-mail address:

I was a student in G500 in \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer 1 \_\_\_\_ Summer 2 of 200 \_\_\_\_

.....

Please circle the point in the scale that is most appropriate for this candidate.

#### IT IS ESSENTIAL TO COMPLETE ALL ITEMS

Excellent oral communication	6	5	4	3	2	1	Poor oral communication
Excellent written communication	6	5	4	3	2	1	Poor written communication
Participates effectively	6	5	4	3	2	1	Poor quality or no participation
Well organized	6	5	4	3	2	1	Disorganized
Knowledge about schools	6	5	4	3	2	1	Uninformed about schools

#### Turn to back for continuation of ratings.

Open to new ideas	6	5	4	3	2	1	Closed to new ideas
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Relates well to other students	6	5	4	3	2	1	Seems isolated or abrasive
Exhibits leadership	6	5	4	3	2	1	Follower
Hard working	6	5	4	3	2	1	Does just enough to get by
Learns quickly	6	5	4	3	2	1	Difficulty with comprehension
Open to diversity	6	5	4	3	2	1	Intolerant of diversity
Excellent graduate student	6	5	4	3	2	1	Mediocre graduate student

### Summary

High potential for becoming excellent school counselor	6	5	4	3	2	1	Uncertain potential for becoming excellent school counselor
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**BELOW PLEASE MAKE A BRIEF WRITTEN STATEMENT ABOUT THE POTENTIAL OF THIS APPLICANT TO DO HIGH QUALITY WORK IN THE GRADUATE PROGRAM IN THE SCHOOL OF COUNSELING. (Or you may write a separate letter and attach it if you prefer, although this is not necessary.)**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Position** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Phone** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Send form to: Dr. Teesue H. Fields, School of Education, Indiana University Southeast, 4201 Grant Line Road, New Albany, IN 47150 before April 1.**

## SUPERVISOR/COUNSELOR RECOMMENDATION

For Application to the IU Southeast M.S. Degree Program in Counseling

\_\_\_\_\_ has applied for admission to the clinical portion of the M.S. in Counseling at the School of Education, Indiana University Southeast. Your evaluation of the applicant's ability to be successful in this program will greatly facilitate the work of the admissions committee.

This recommendation letter will be placed in the applicant's counseling admission file. Because of federal legislation giving students access to educational records, the School of Education cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver below.

### APPLICANT'S WAIVER OF RIGHTS OF ACCESS TO CONFIDENTIAL STATEMENT:

I hereby freely and voluntarily waive my rights of access to any information contained in this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant name (printed) and e-mail address:

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How long have you known this applicant? \_\_\_\_\_ years

What is the nature of your relationship? \_\_\_\_\_

Please circle the point in the scale that is most appropriate for this candidate.

### IT IS ESSENTIAL THAT YOU COMPLETE ALL ITEMS

Open to new ideas	6	5	4	3	2	1	Unlikely to consider new ideas
Sees changes as opportunity	6	5	4	3	2	1	Dislikes change
Strong leader of peers	6	5	4	3	2	1	Follower
Organized, gets things done	6	5	4	3	2	1	Disorganized, accomplishes little
Assertive	6	5	4	3	2	1	Submissive or aggressive

Manages stress well	6	5	4	3	2	1	Frequently stresses out
Relates well to children	6	5	4	3	2	1	More comfortable with adults
Positive attitude	6	5	4	3	2	1	Negative attitude
Knowledgeable about schools	6	5	4	3	2	1	Uninformed about schools
Advocates for children	6	5	4	3	2	1	Is passive observer
Excellent oral communication	6	5	4	3	2	1	Poor oral communication
Excellent written communication	6	5	4	3	2	1	Effective written communication

### Summary

High potential for becoming excellent school counselor	6	5	4	3	2	1	Uncertain potential for becoming excellent school counselor
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**BELOW PLEASE MAKE A BRIEF STATEMENT ABOUT THE POTENTIAL OF THIS APPLICANT TO BECOME AN EFFECTIVE SCHOOL COUNSELOR. (Or you may write a separate letter and attach it if you prefer, although this is not necessary.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

**Send forms to: Dr. Teesue H. Fields, School of Education, Indiana University Southeast, 4201 Grant Line Road, New Albany, IN 47150 by April 1.**

**IU SOUTHEAST SCHOOL OF EDUCATION  
COUNSELING PROGRAM PETITION FOR EXCEPTIONS OR  
APPEAL OF FACULTY/PROGRAM DECISION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Admission as Counseling Major \_\_\_\_\_

**Course Substitutions.** To propose a course substitution for pre-requisite or pre-core classes attached catalogue description and syllabus of substitute course. Grade must be B (3.0) or higher in the course. It is assumed you will have submitted an official transcript for this course.

Proposed substitution course & number \_\_\_\_\_

Institution \_\_\_\_\_ Substitute for IUS course: \_\_\_\_\_

Attach a one-page explanation if you are petitioning to substitute experience for a required course. Include specific training and specific job experience and match these to course goals.

**Appeal of Course Grade, Decision Point or Field Placement Issue**

Attach a one-page memo outlining the decision you want to appeal and the steps you have already taken to resolve the issue. Include dates and reasons you think decision should be changed.

**Decision by Program Coordinator:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Not Approved**

Date \_\_\_\_\_ Signature \_\_\_\_\_

See other side for further appeal options if petition/appeal is denied.

Adopted 4/2004

Revised 12/2007

## APPEAL PROCESS FOR GRADUATE STUDENTS IN COUNSELING

### APPEAL OF PETITION FOR EXCEPTIONS OR FACULTY/PROGRAM DECISION

**Step 1 Student and Course Instructor** Student gives course instructor written notice of concern and together they work for solution. Within 10 working days of receiving written student notice, the instructor gives the student his/her decision in writing. If student is dissatisfied with the decision, move to step 2. \*If this is a field experience issue, university supervisor may also involve site supervisor.

**Note: For Course Substitutions begin with Step 2 using Academic Petition for Exceptions**

**Step 2 Appeal to Counseling Coordinator.** Within 10 days of decision student completes appeal form and returns it to coordinator of counseling program. The student should follow the directions on the appeal form for providing relevant information. Within 10 working days of receiving the written appeal the coordinator will confer with student and instructor and try to work out solution. \*If instructor is the coordinator, then the other full time faculty member in counseling will be the mediator. Student will be given written decision; if dissatisfied move to step 3.

**Step 3 Appeal to Coordinator of Grad Studies.** Within 10 days of step 2 decision, student may appeal to graduate coordinator by giving her/him copies of appeal and decision. With 10 working days coordinator will meet with student and anyone else involved. Student will be given written decision.

**Step 4 Appeal to Full Grad Studies Committee.** Within 10 days of step 3 decision, student notifies graduate coordinator s/he wants appeal to full committee. Within 15 working days committee is convened; student will be invited to attend, but may choose not to be present. A written decision from the committee is sent to the student and the program coordinator within three days after the meeting.

**Step 5 Appeal to Dean of Education.** Within 10 days of step 4 decision, student may appeal in writing to the Dean of Education. Within 10 working days of receiving all relevant information, dean notifies student of decision in writing and sends a copy to the program coordinator.

**Step 6 Appeal to VC of Academic Affairs.** Within 10 days of step 5 decision, student may appeal in writing to the Vice Chancellor of Academic Affairs. Within 10 working days of receiving all relevant information, the Vice Chancellor will provide written notification of the decision to the student and Dean.

**Step 7 Chancellor.** Within 10 days of step 6 decision, student may appeal in writing to the Chancellor of IU Southeast. The Chancellor will provide written notification of the decision to the student and the Dean of Education within 10 days of receiving all relevant information.

#### Relevant Addresses:

Dean of Education  
Hillside Hall 0020

Coordinator of Graduate Education  
Hillside Hall 0020B

Vice Chancellor of Academic Affairs  
University Center South

Chancellor of IU Southeast  
University Center South

#### If mailing, use the above title and following address:

Indiana University Southeast, 4201 Grant Line Road, New Albany, IN 47150

## **FIELD PLACEMENT TIMELINE**

### **Application to clinical cohort**

Candidates who are school system employees talk to their principal or supervisor about the counseling program and explain the time requirements for field experiences. Principal signs Field Experience Agreement and this is submitted with the application.

### **Summer 2 Session of first clinical year**

Any non-teacher who is not sure about the school level where they want to practice should ask the Program Coordinator for the list of counselors willing to allow a job shadow. Candidate is responsible for contacting the counselor and arranging the job shadow.

### **Fall Semester of first clinical year**

Early October – Candidate completes Practicum Request Form in G523 indicating desired placement and field supervisor. Practicum manual is placed on ONCOURSE so candidates become familiar with its contents.

Mid-October – Candidate meets with coordinator to go over placement request.

Early November – Practicum placements are finalized by counseling team.

By November 15- Candidates make contact with practicum supervisor to go over logistics of practicum

### **Spring Semester of first clinical year**

January -candidates begin practicum class and practicum hours (6 hours a week)

Mid-March – any candidate who wants to change placements for internship completes an internship application and returns to coordinator. Placements are finalized by the first of May.

Mid-April – candidates complete skill self-evaluation; site and university supervisor complete skill evaluation and disposition evaluation.

End of April – Coordinator comes to practicum class to talk about Internship requirements. Internship Manual is on ONCOURSE for students to read.

### **Fall Semester of second clinical year**

August – candidates start internship activities when counselors begin working; before IUS classes start. Some students may choose to do their second or third level requirements during this time. However, the priority is to be present in their primary placement for beginning of school activities. **CANDIDATES CANNOT START INTERNSHIP BEFORE AUGUST.**

November – candidates, site and university supervisor complete skill self-evaluation .

Candidates meet with university supervisor to set goals for second semester internship based on skill feedback and any disposition remediation needed.

## **STANDARDS & DISPOSITIONS FOR SCHOOL COUNSELING**

These standards are based on the standards for School Services Professionals: School Counselor License and are consistent with those of the Kentucky Professional Standards Board.

1. School Counseling Professionals promote the success of all students by facilitating the academic, emotional, social and physical development of the student and the quality and effectiveness of the learning environment.
2. School Counseling Professionals understand the breadth and scope of education systems and organizations. They are able to facilitate processes and engage in practices that promote lifelong development and learning.
3. School Counseling Professionals work within the educational system to promote lifelong development and learning. They collaborate with families and work with community resources to respond to student needs.
4. School Counseling Professionals understand formal and informal assessment techniques and the theory and research upon which administration, application, and interpretation of such techniques are based.
5. School Counseling Professionals understand intervention and prevention options available to serve the needs of students and the theory and research upon which such interventions are based.
6. School Counseling Professionals are aware of and have an understanding of local, state and federal laws that affect schools and the educational process.
7. School Counseling Professionals conduct themselves in an ethical and professional manner.
8. School Counseling Professionals are leaders who promote educational success for all by developing and managing school counseling programming related to academic, career, social and emotional growth. School Counseling Professionals use facilitative, consultative and collaborative leadership skills to provide a certainty of educational opportunities for students.
9. School Counseling Professionals collaboratively design, coordinate, implement, and evaluate student assistance services.
10. School Counseling Professionals collaboratively design, coordinate, implement and evaluate education and career services.

### **SCHOOL OF EDUCATION DISPOSITIONS**

1. The student respects the legal and ethical norms and values of education.
2. The student effectively interacts and collaborates with others and fosters similar behavior among students.
3. The student is committed to diversity through equitable treatment and respect for all individuals.
4. The student exhibits personal management behaviors valued by the professional educational community.
5. The student is committed to inquiry and application of the knowledge base of education.
6. The student exhibits enthusiasm and respect for education as a practice and a profession.
7. The student is committed to data-based decision making practices.
8. The student is committed to continuous self-evaluation and personal improvement.

Copy for Student/Copy for Instructor

Student Name \_\_\_\_\_

**REMEDIATION PLAN**

Standard(s)/Disposition(s) not met:

Decision Point \_\_\_\_\_

Class:

Instructor:

Plan for remediation (include timeline if appropriate)

Date for review of remediation plan:

I understand that if I do not meet the conditions of this remediation plan in the time frame indicated, I can be placed on probation or discontinued in the program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_