



# College of Nursing

## Performance Improvement Plan

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

FACULTY \_\_\_\_\_ COURSE \_\_\_\_\_

ADVISOR \_\_\_\_\_ PROGRAM RNB \_\_\_\_\_ BSN \_\_\_\_\_ MN \_\_\_\_\_ DNP \_\_\_\_\_ PhD \_\_\_\_\_

- ☐ **Documentation of Verbal Notice/Counseling**      ☐ **Written Warning**      ☐ **Notice of Unsatisfactory Performance**

Low acuity

Moderate acuity

High Acuity/Potential Failure

**Issue/Concern: Include Objective Findings. Include examples and cite course objectives, handbook, or policy as needed.**

**Action Plan: : Develop plan for performance improvement/remediation in collaboration with student. Include measurable goals for re-evaluation.**

**Student Comments:**

**Follow-up Date:** \_\_\_\_\_

**Student signature indicates student has received a copy of this document.**

**A COPY OF THIS DOCUMENT WILL BE PLACED IN THE STUDENT FILE (on campus of record).**

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

**Faculty Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FGO Approval Date: 12/10/19**