

Field Experience Action Plan

Student:	MyWSU ID:	
Faculty Supervisor:		
Site supervisor:		
Internship Site:		
Course:	Year/Semester:	
Description of the problem (attach addition	onal comments as needed):	

Action Steps: Describe actions student will take to improve performance.	Assessor: List person(s) responsible for assessing student progress	Required Completion Date(s):

Consequences for failure to successfully complete the action plan (attach additional comments as needed):

Student – Date

Faculty Supervisor – Date

Site Supervisor – Date

Department Chair – Date

Associate Dean-Date

Resolution of action plan was successful/not successfully completed (circle one). Describe resolution: