



Field Experience Action Plan

Student: _____ **MyWSU ID:** _____

Faculty Supervisor: _____

Site supervisor: _____

Internship Site: _____

Course: _____ **Year/Semester:** _____

Description of the problem (attach additional 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: _____
