

LCSC Division of Nursing & Health Sciences
Student Performance Improvement Plan
 (Formerly Remediation Form)

Student Name: _____ Program/ Year: ____/____ Course: _____

The purpose of this form is to notify you that your performance is not at the expected level for your placement in the program. This form outlines the steps that must be taken in order to successfully continue toward completion of the course. Failure to reach the outlined objectives will result in further steps in the disciplinary process with the potential of failure in the program. Refer to the Student Handbook for details on the disciplinary process and consequences.

Reason for Remediation/Outcome Criteria Affected by Concern: **Written Warning** **Probation**

Description of event/Date of event/Signature (add additional pages if necessary):

Student Learning Objective (add additional pages if necessary): _____ Date of next review: _____

Student may provide response in written form to faculty member initiating document. Your signature indicates you have read this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Student has attained expected level of performance following remediation Date: _____ Initials: _____

Date	Skills Remediated	Faculty Signature

Recommendations:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Copies to: Program coordinator, student advisor, CRC coordinator (if necessary), student. Final Copies: Original should be completed, signed and placed in student file with a second copy to Assessment Director.