

Student Success Plan for Practicum Experiences Advanced Nursing Practice Division

This form is to be completed by a faculty member when a student has unsatisfactory performance in the practicum or laboratory setting. This could include performance in an Objective Structured Clinical Exam (OSCE), skills lab or during clinical practicum experiences.

Date:

Student:

Course:

Faculty:

Preceptor (if applicable):

The following presenting problem(s) have been identified:

The associated student learning outcomes that need to be met and the identified goals/objectives were discussed and agreed upon by all parties involved. List student learning outcomes and goals/objectives:

Associated Student Learning Outcomes	Identified Goals/Objectives

Plan:

Student	Tasks	Deadline Dates

Faculty and/or Preceptor	Interventions/Follow-up	Deadline Dates

Evaluation: Attach rubric or evaluation criteria.

This agreement specifies parties to be involved, responsibilities that each party will perform and the timeframe for completion of these tasks.

Student Signature/Date:

Clinical Faculty Signature/Date:

Preceptor Signature/Date:

Specialty Director Signature/Date:

Associate Dean Signature/Date: