Brandon University

Faculty of Health Studies

**Performance Improvement Plan (PIP)**

Student**:**

Student Number:

Course #:

Clinical Instructor/Academic Member:

Date of Incident (if applicable):

**Description of the concern/situation/student performance:**

**Identified unsatisfactory performance behaviours in accordance with the clinical performance evaluation tools:**

**Identified satisfactory performance behaviours and dates to be completed:**

**Student comments:**

**Faculty comments:**

***The Students Experiencing Difficulty in Clinical Practice Policy* has been**

**reviewed with the student.**

**Student Initial: \_\_\_\_\_\_\_\_\_\_\_ Clinical Instructor Initial\_\_\_\_\_\_\_\_\_\_**

**Academic Member Initial: \_\_\_\_\_\_\_\_\_\_**

**The following signatures acknowledge that the preceding Performance Improvement Plan has been reviewed.**

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

**Clinical Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow-Up Evaluation**

**Outcome of Performance Improvement Plan (refer to options as outlined in the *Students Experiencing Difficulty in Clinical Practice Policy*).**

**Student comments:**

**Faculty comments:**

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

**Clinical Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Updated 5/27/2013