

Performance Improvement Plan (PIP)

Student:

Student Number:

Course #:

Clinical/Lab Instructor/Course Instructor:

Date of Incident (if applicable):

Description of the concern/situation/student performance:

Identified unsatisfactory performance behaviours in accordance with the course objectives and/or the clinical performance evaluation tools:

Identified satisfactory performance behaviours and dates to be completed:

Student comments:

Faculty comments:

***The Students Experiencing Difficulty in Clinical/Lab Practice Policy* has been reviewed with the student.**

Student Initial: _____ **Clinical/Lab Instructor Initial** _____

Course Instructor Initial: _____

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

Student Signature: _____ **Date:** _____

Clinical/Lab Instructor Signature: _____ **Date:** _____

Course Instructor Signature: _____ **Date:** _____

Follow-Up Evaluation

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

Student comments:

Faculty comments:

Student Signature: _____ **Date:** _____

Clinical/Lab Instructor Signature: _____ **Date:** _____

Course Instructor Signature: _____ **Date:** _____