

Brandon University  
Faculty of Health Studies

**Performance Improvement Plan (PIP)**

Student:

Student Number:

Course #:

Clinical Instructor/Academic Member:

Date of Incident (if applicable):

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**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 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: \_\_\_\_\_