

PLAN OF IMPROVEMENT FORM (Action Research Project)

If any portion of the portfolio at Milestone 3 earns a rating of unacceptable, a Plan of Improvement will be implemented.

Candidate's Name _____ Today's Date _____

Date/Time/Place for Follow-up Assessment _____

(This date will be between one to four weeks, following the initial evaluation.)

<i>Area Requiring Improvement</i>	<i>Suggestions for Improvement</i>

Committee Chair Signature _____

Committee Member Signature (if applicable) _____

Committee Member Signature (if applicable) _____

Candidate's Signature _____

(Candidate's signature reflects reception of this document, but not necessarily agreement with it.)

FOLLOW-UP ASSESSMENT

<p>This Plan of Improvement has been:</p> <p>_____ Fully Accomplished</p> <p>_____ Not Accomplished</p>

<p>Committee's Recommendation to Director of Graduate Studies:</p> <p>_____ Additional Plan of Improvement</p> <p>_____ Recommend for licensure</p>

Committee Chair Signature/Date _____

Candidate's Signature/Date _____

One copy to candidate, one copy to candidate's file in Graduate Office, one copy to candidate's committee chair.