

Plan for Improvement

TO:
FROM:
DATE:
RE: Performance

I have identified that you must improve your performance in the following area(s):

1. _____

2. _____

3. _____

SEE OVER -- for continuation, if any, on back of this form

In order to evaluate your progress, you must meet with the instructor _____. The instructor will provide you with _____ feedback regarding progress.

Additional recommendations:

By _____, you must demonstrate satisfactory performance in the designated area(s). At that time, your retention in the nursing program will be decided.

The following signatures indicates that the student has read and has had the opportunity to discuss this Plan.

Student _____ Date _____

Instructor _____ Date _____

The following signature indicates that the student has been presented with this Plan and has refused to sign.

Witness _____ Date _____

(Any other De Anza Nursing Instructor -- needed only if the student refuses to sign the Plan)

Plan for Improvement Outcome: _____

Student _____ Date _____

Instructor _____ Date _____