

Section I: Student Improvement Plan for: _____

Specific Problematic Issues	Goals/Objectives	Strategies to meet goals/objectives	Target Date for completion
1.			
2.			
3.			
4.			
5.			

Progress since last review (circle one): **Sufficient** **Insufficient**

Date of Next Review: _____

Student Reactions: I understand and agree to the conditions of this Improvement Plan. I understand that I can appeal this plan prior to signing the agreement/plan. If I do not follow through on completing all of the tasks outlined in this contract within the specified time, I understand that I may be dismissed from the counseling program. I also understand the program’s retention policy and am clear that there are certain requirements that, if violated, will supersede this agreement and may result in immediate dismissal from the program (i.e., ethics violation, violation of University policy).

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Department Chair: _____ Date: _____

