**Student Corrective Action Plan**

Student Name:

Date:

**Instructions:**

Within 48-hours of notification of your failure to achieve the minimum required grade on an assessment (notification occurs through Exam Soft or Blackboard in most cases):

1. Complete all sections of the following *Student Corrective Action Plan*. Failure to do so will result in an additional professional behaviors remediation. Both of these items will be filed in your advising folder as they occur.

2. Compose an email to the course coordinator and to your advisor identifying your awareness of your performance and include this form, fully completed, for your advisor’s review.

3. Your advisor will review the information and follow-up with suggestions, resources and / or schedule an individual meeting, if indicated.

4. The course coordinator may choose to contact you regarding content related to your performance on the assessment in question.

**STUDENT SECTION**

**COURSE Name & Number:**

**Course Coordinator:**

1. Summarize and outline all relevant circumstances that you believe might have resulted in your academic problems:
2. Which of the following might have influenced your performance?

|  |  |  |
| --- | --- | --- |
| ***STUDY ISSUES*** | ***COURSE CONTENT*** | ***OTHER FACTORS*** |
| ( ) Cramming before test ( ) Studying alone ( ) Difficulty retaining( ) Rewriting notes as a study plan( ) Time management  | ( ) Types of questions( ) Memorization vs application( ) Difficulty in understanding the course material  | ( ) Relationship issues( ) Health problems( ) Anxiety/stress( ) Test anxiety( ) Low self-confidence( ) Low self-motivation ( ) Other |

Other (please specify):

1. Describe in detail your study strategies used over the past semester(s) and specifically for this examination. What resources did you take advantage of and/or what resources did you not utilize? (e.g. reading outlines, course instructor, study groups, review sessions, academic success counselor, etc.). If you did not utilize resources, explain why not:
2. Describe in detail your time management plan, along with any challenges, you experienced over the past semester(s) and/or related to this specific examination:
3. How often did you meet with course instructor(s), faculty advisor, or other academic support individuals? Please describe your reason for the frequencies of these meetings.
4. Are there other issues and/or concerns that might have contributed to your academic performance which need to be addressed?
5. Considering your previous answers listed above, what changes will you need to make moving forward to ensure your academic and professional success in the CU DPT program and beyond? Be specific.

1.

2.

3.

By signing this plan, my signature indicates that I plan to make the changes I have outlined and carry out this Corrective Action Plan as indicated. I also agree to meet with my advisor, instructor(s), or other support personnel as needed to foster my success and provide an update of my progress within this plan.

**ADVISOR SECTION:**

Summarize the student’s reflection of the positive/negative influences they encountered when preparing for this exam:

Identify Resources (if any) the student would benefit from for best success within the DPT program:

 Student Signature Date

 Faculty Advisor Signature Date