Corrective Action Plan

SW 470/SW 471 Practicum I and II
Kent School of Social Work – University of Louisville

Student Name: _____ Student ID: _____

Practicum Supervisor: _____ Agency: _____

Description of area(s) of concern with student performance:

_____
_____
_____
_____
_____

List the Goal(s) and Objectives the student agrees to complete the address the above concern:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Identify action which will take place should the student not demonstrate successful completion of the above goal(s) and objectives for desired behavioral change.

_____
_____
_____
_____
_____

The student, practicum Instructor and Kent Faculty will meet on _____to evaluate student progress.

_____ _____
Student Date

_____ _____
Practicum Supervisor Date

_____ _____
Practicum Faculty Date