
STUDENT REMEDIATION PLAN

This form is to be completed when a student has been notified about deficiencies or problems in their graduate program of study in Counselor Education. It is to be reviewed with the student and signed by the student, academic advisor, program director, and where pertinent, the departmental dean and/or the cooperating site supervisor.

The following presenting problem(s) have been identified. The associated objectives and goals were discussed and agreed upon all parties involved.

Presenting Concerns(s)

Objectives & Goals:

This contract specifies parties to be involved, responsibilities that each party will perform and the timeframe for completion of these tasks.

Student	Tasks	Deadline Date (s)
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Faculty Name (s)	Interventions	Deadline Date(s)
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Student Signature_____

Academic Advisor Signature_____

Department Chair Signature_____