NOTICE OF CONCERN

| Student | Name | Faculty | Name: | Date | |
|----------------|------------------------------------|---|---------------------------|---|--|
| Course (| required): | Faculty Mentor: | | | |
| | | | | academic performance and dispositions have w. The NOC serves to complete three goals: | |
| 1) 2) 3) | Facilitate communica | • | n agreed-upon time | specific expectations and a timeline for the | |
| 1) Ider | ntified Areas of Co | oncern and reason for Note o | of Concern | | |
| Expla | nation: | | | | |
| | ack participation in cla nation | ss discussions/webinar classes | | | |
| | Repeated missed class nation | es | | | |
| | Repeated excuses for la nation | te or inadequate work | | | |
| | Assignment(s) late or m nation: | issing | | | |
| | Written and oral comm | nunication not at the graduate level st | andard | | |
| | nability to demonstrate nation: | e basic clinical skills | | | |
| | Response to faculty red nation: | quests not appropriate/respectful/lac | ks professionalism | | |
| | Not amenability to supenation | ervision/ Lack of responding to faculty | r feedback and profession | nal care. | |
| | nability to demonstrate nation: | e basic clinical skills | | | |
| | | | | | |
| | ailed Assignments nation: | | | | |
| | Other: | | | | |

| Referred to Writing Center for assistance with writing skills/paper preparation Referred to Writing Mentor to assist in more detailed and comprehensive remediation for writing skills development Referred to Success Coaching to identify and overcome challenges that may be hindering academic success Referred to the Office of Career & Talent Management to review career assessment results with a CTM Coach/Specialist Remedial work or additional assignments to include: Referred to seek outside counseling Other (Specify): Begin Date: Referred to Scheduled? No Yes Date: Referred to Scheduled to | 2) P | | RECOMMENDATIONS & ACTION enrollment in PSY500 | I PLAN FOR ST | JDENT: | | | | |
|---|-------|---|--|----------------------|--|--|--|--|--|
| Referred to Success Coaching to identify and overcome challenges that may be hindering academic success Referred to Success Canching to identify and overcome challenges that may be hindering academic success Referred to the Office of Career & Talent Management to review career assessment results with a CTM Coach/Specialist Referred to seek outside counseling Other (Specify): Ref | | _ | | ng skills/paper prep | aration | | | | |
| Referred to Success Coaching to identify and overcome challenges that may be hindering academic success Referred to the Office of Career & Talent Management to review career assessment results with a CTM Coach/Specialist Remedial work or additional assignments to include: Referred to seek outside counseling Other (Specify): Begin Date: | | | | | | | | | |
| Referred to the Office of Career & Talent Management to review career assessment results with a CTM Coach/Specialist Remedial work or additional assignments to include: Referred to seek outside counseling Other (Specify): Begin Date: Expected Completion: Check-in Scheduled? No Yes Date: Expected Completion: Check-in Scheduled? No Yes Date: Expected Completion: Other (Specify): I have read this Note of Concern and request a meeting to discuss the NOC. Summary of Meeting: I do not require a meeting with the faculty. I understand the concerns and agree to complete the steps required. I have met with the faculty and discussed the recommendations. I understand the concerns and agree to complete the steps required. I have met with the faculty and disagree with the concerns, recommendations, and action plan. I decline to sign this NOC. I understand that this NOC will be kept in my file regardless of whether I sign or not. The Note of Concern is intended to guide students and allow them to improve before their academic progress is affected. If a student does not sign and return the NOC within seven days, it may result in receiving a Professional Development Form. Student Signature Date Faculty member: please send this form to the Academic Services Manager (ASM) 4) FINAL DISPOSITION Did the student's grades and initial concern improve because the above actions were taken? | | _ | | | | | | | |
| Referred to seek outside counseling Other (Specify): | | _ | | | | | | | |
| Other (Specify): | | ☐ Remedia | l work or additional assignments to include: | | | | | | |
| Begin Date: | | Referred | to seek outside counseling | | | | | | |
| Check-in Scheduled? No Yes Date: N/A | | Other (Sp | pecify): | | | | | | |
| 3) STUDENT ACKNOWLEDGEMENT/UNDERSTANDING OF RECOMMENDATIONS | | Begin Date | :: | | Expected Completion: | | | | |
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