

**PROFESSIONAL DEVELOPMENT FORM**

Student Name: \_\_\_\_\_ Faculty Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course (required); \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

The Professional Development Form documents concerns about student behavior or performance which have been observed by faculty. The Professional Development Form serves to complete three goals: **1)** Clearly describe deficiencies and expectations for improvement. **2)** Create a timeline to observe the improvements. **3)** Communicate the consequences for failing to meet the specified expectations according to the timeline listed. The Professional Development Form remains in the student file.

**1) Identified Areas of Concern and reason for PROFESSIONAL DEVELOPMENT**

\_\_\_ Lack of participation in class discussions/collaborate  
Explanation:

\_\_\_ Assignment(s) late or missing  
Explanation:

\_\_\_ Repeated missed classes  
Explanation:

\_\_\_ Written and/or oral communication not at graduate level standard  
Explanation:

\_\_\_ Response to faculty requests not appropriate/respectful/lacks professionalism  
Explanation:

\_\_\_ Inability to be open, flexible, and cooperative  
Explanation:

\_\_\_ Repeated excuses for late or inadequate work  
Explanation:

\_\_\_ Amenability to supervision/ Lack of responding to faculty and professional supervision/Inability to be flexible  
Explanation:

\_\_\_ Persistent difficulties with technology  
Explanation:

\_\_\_ Inability to demonstrate basic clinical skills  
Explanation:

\_\_\_ Inability to deal with conflict and accept personal responsibility  
Explanation:

\_\_\_ Knowledge of subject matter is insufficient  
Explanation:

\_\_\_ Inadequate attention to instruction, fails to be prepared for class, does not follow directions on assignments

Explanation:

\_\_\_ Difficulty in working with others, inflexible, interacts unprofessionally, or unable to resolve conflicts  
Explanation:

\_\_\_ Displayed unethical conduct personally, professionally, or academically  
Explanation:

\_\_\_ Student did not acknowledge PDF within one week by signing and returning the form or with a phone call or email  
Explanation:

\_\_\_ Other:

### 2) Professor Recommendations & Collaborative Action Plan to be taken by student:

- 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
- Remedial work or additional assignments to include:
- Referred to outside counseling
- Repeat course
- Other (Specify):

Begin Date:

Mid-Review Date:

Meeting Scheduled?  Yes  No If no, reason:

Completed/Closed:

### 3) Consequences for not meeting these expectations according to this timeline:

#### STUDENT ACKNOWLEDGEMENT/UNDERSTANDING of RECOMMENDATIONS

I have read this PDF and understand the identified area(s) of concern and recommendations and participated in creating the action plan. I agree to complete the collaborative action plan listed above within the noted timeline.

I have met with the faculty and do not agree with the identified area(s) of concern and/or recommendations. I understand that by not agreeing to follow the above action plan, \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Faculty member: Please send the completed form to the Academic Services Manager (ASM).