

APPENDIX C: Professional Disposition Improvement Plan

This form must be completed by graduate counseling student who receives an unsatisfactory grade for practicum or internship. Students not successfully completing a required improvement plan will not be allowed to continue in the graduate Clinical Mental Health Counseling program at SCSU.

Name of Candidate: _____ **PROGRAM:** _____

SCSU ID #: _____ **DATE:** _____

1. Make an appointment with your assigned program advisor to review your plan.
- 2.
- 3.
- 4.
- 5.

Professional Disposition (PD) Professional Behaviors (PB) (Note which one)	Plan for Improvement	Indicators of Improvement	Timeline	Successful Completion (Date, initial of academic advisor)

After Plan Meeting

Counselor Candidate Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

UPON SUCCESSFUL COMPLETION OF PLAN

Counselor Candidate Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

FURTHER ACTION?
