UWRF Counseling Program
Student Improvement Plan or Recommendation for Dismissal

Student: ___________________________________________ Date: __________________________

Circle one: Initial Review  Follow-Up  Final Review

People present (may include faculty, site supervisors, and other people as applicable):
_____________________________________________________________________________________
_____________________________________________________________________________________

Initial Review Summary of the Problematic Issue (include specific behaviors, setting, who first identified the issue, etc.):
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Faculty Recommendation:

_____ Student Improvement Plan required (go to Section I)

_____ Dismissal from program (must be approved by program faculty, Department Chair, and the Dean; skip to Section II below)
### Section I: Student Improvement Plan for: ____________________________

<table>
<thead>
<tr>
<th>Specific Problematic Issues</th>
<th>Goals/Objectives</th>
<th>Strategies to meet goals/objectives</th>
<th>Target Date for completion</th>
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Progress since last review (circle one):  
Sufficient  
Insufficient

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Date of Next Review: _____________________________________

Student Reactions: I understand and agree to the conditions of this Improvement Plan. I understand that I can appeal this plan prior to signing the agreement/plan. If I do not follow through on completing all of the tasks outlined in this contract within the specified time, I understand that I may be dismissed from the counseling program. I also understand the program’s retention policy and am clear that there are certain requirements that, if violated, will supersede this agreement and may result in immediate dismissal from the program (i.e., ethics violation, violation of University policy).

Student Signature: ___________________________________________ Date: ______________

Adviser Signature: ___________________________________________ Date: ______________

Department Chair: ___________________________________________ Date: ______________
Section II: Recommendation for Dismissal from the Program

Student Name: _______________________________________________ Date: __________________

Please list the events leading to recommendation for dismissal. Be specific and include documentation of identified problematic issues, student improvement plan progress as insufficient, and reason for recommending dismissal:

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This form must be submitted to the Department Chair and Dean for approval.

Faculty recommending dismissal:
___________________________________________________________________ Date: ________________
___________________________________________________________________ Date: ________________
___________________________________________________________________ Date: ________________

Department Chair Approval: _____________________________________ Date: ________________

Dean Approval: _______________________________________________ Date: ________________

Once approval has been obtained, a meeting will be scheduled with the student outlining reasons and process for dismissal. The student has the right to appeal the process per University Student Rights and Responsibilities (http://www.uwrf.edu/StudentRightsAndResponsibilities/) and Program Handbook policies.