Sonoma State University

Department of Nursing

**Performance Improvement Plan**

Student: Course \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Area of Concern: Safety Professional BehaviorOrganization CommunicationDocumentation Nursing ProcessTheory Grade Absences/TardinessOther:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Description of Event (include dates) or Performance Concern | Action Plan |
|   |  Failure to address the concerns in this plan could result in course failure.  |
| Expected Nursing Standards:(Take from syllabus and/or Student Handbook)  |
| Follow-Up Date  |
| Student Comments:  |

Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_