

**Course/Clinical Progress Report**

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| Student Responsibilities | Faculty Responsibilities |
| 1. Read, respond, and sign form at scheduled appointment.  2. If you received this report via email, schedule appointment with faculty within one week. | 1. Send signed report to the Assistant Dean of Undergraduate Program.  2. Provide a copy for the student.  3. Place the original in OSFS student file. |

This report is relating to:

Course Progress Clinical Progress Clinical and Course Progress

Does this report relate to a clinical suspension? Yes No

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| Student Name: |  |
| Student UID: |  |
| Faculty/Staff Initiating Report: |  |
| Date of Report: |  |
| Course: |  |
| Current Grade: |  |
| Area of Concern: |  |

Meeting with Student:

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| --- | --- |
| Date: |  |
| Time: |  |
| Faculty/Staff Member: |  |

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| Student Name: |  |

Explanation of Concerning or Deficient Behavior(s):

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Required Actions for Improving Concerning or Deficient Behavior(s):

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Recommended Action(s) for Improving Concerning or Deficient Behavior(s):

*Check all that apply*

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|  | Prepare for class by reading text, completing homework prior to class, and reviewing notes after class. |  | Meet with Undergraduate Academic Advisor to address career options and plans of study. |
|  | Find study group/partner with similar study styles. |  | Seek counseling at ISU student counseling services. (309-438-3655). |
|  | Participate in test reviews and/or see faculty to review tests. |  | Attend skills workshops offered by the Julia N. Visor Center. |
|  | Meet with Success Plan Coordinator to review test-taking strategies. |  | Meet with designated NSL staff member for Skills remediation. |
|  | Work with PSP to develop more effective time management skills. |  | Consult with librarian staff (ISU librarian preferred). |
|  | Participate in MCN peer tutoring. |  | Other: |

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| Time Period for Expected Resolution of Deficient Behavior: |  |
| Faculty Input: |  |
| Student Input: |  |

This Progress Report has been discussed with the student. My signature verifies that I am aware of the document’s contents and existence and I understand that a copy of this report will be filed with the Assistant Dean of the Undergraduate Program and the Academic Advisor.

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| Print Name of Faculty Member : |  |
| Signature of Faculty Member : |  |
| Date: |  |
| Print Name of Student: |  |
| Signature of Student: |  |
| Date: |  |