

**Graduate Performance Improvement Plan (PIP)**

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| **Faculty Responsibilities** |
| Complete pages 1 and 2 and send completed form to student. Refer to page 4 for additional information about form submission, distribution, and follow up. |
| **Student Responsibilities** |
| Read the entire document, ask for clarification as needed, sign form, then return to faculty member at identified time. If you received this report via email, schedule a follow-up appointment with faculty within **one week**. |

**This report is related 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** |  | | **UID** |  | |
| **Faculty/Staff Initiating Report** |  | | | | |
| **Date of Report** |  | | | | |
| **Course** |  | | **Exam grade/**  **Course grade** |  | |
| **Date of student meeting** |  | **Time of student meeting** | | |  |

**SBAR**

**S**ituation/**B**ackground/**A**ssessment

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**R**equired Action(s)

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**R**ecommended Action(s) (see page 3 for options)

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| **Can the issue be resolved?** | Yes  No  If no, rationale:  No further follow up required |
| **Faculty Input:**  Including date/time for expected resolution. Consequences if required actions not completed  (if applicable). |  |
| **Student input and goals:**  Specific  Measurable  Achievable  Relevant  Time Bound |  |

This Performance Improvement Plan has been discussed with the student. My signature verifies that I am aware of the document’s contents, and I understand that this report will be shared with the Director of Graduate Programs and the Post-licensure Academic Advisor. A copy of this report will be included in my MCN student file. Electronic signatures accepted.

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| **Print Name of Faculty Member** |  |
| **Signature of Faculty Member** | Checking this box signifies approval of electronic signature |
| **Date Sent to Student** |  |
| **Print Name of Student** |  |
| **Signature of Student** | Checking this box signifies approval of electronic signature |
| **Date** |  |

**OUTCOME**

|  |  |
| --- | --- |
| Date of next meeting |  |
| Date of resolution |  |
| Student follow up within 2 weeks  *Final date to meet goals* (if applicable) |  |
| Additional notes: |  |

**Optional resources/recommendations to include in Recommended Action section:**

* Prepare for class or discussion by reading text, readings, and websites; reviewing posted notes/lectures; completing assigned work prior to class; and reviewing notes after class.
* Find study group/partner with similar study styles.
* Engage with course – meet with faculty on a regular basis
* Participate in test reviews and/or meet with faculty to review tests.
* Meet with faculty to review test-taking strategies and/or discuss responsibilities for own learning.
* Develop a plan to post regularly in course forums.
* Develop a plan with preceptor and/or faculty member to meet clinical hours requirement.
* Work with faculty to schedule a clinical site visit with faculty, preceptor, and student.
* Seek outside services to appropriately handle the concerning behavior.
* Attend appropriate workshops offered by the Julia N. Visor Center (<https://universitycollege.illinoisstate.edu/help/>)
* Schedule appointment with Graduate School Writing Support (Anna Ortiz, https://grad.illinoisstate.edu/students/writing-support/)
* Consult with ISU/MCN librarian (Laura Killingsworth- [lakill1@ilstu.edu](mailto:lakill1@ilstu.edu))
* Meet with Director of Graduate Programs to address course/clinical behaviors and/or course/clinical progression concerns (Kim Astroth- [kmastro@ilstu.edu](mailto:kmastro@ilstu.edu))
* Meet with Post-licensure Academic Advisor (Melissa Moody; [mkmoody@ilstu.edu](mailto:mkmoody@ilstu.edu); 309-438-7035) for the following:
  + To address plan of study, coaching through educational decisions/career options, personal problem solving
  + To help develop more effective time management skills
  + To discuss social/emotional support and additional campus supports

**SUBMISSION, DISTRIBUTION, and FOLLOW-UP**

1. The purpose of the Performance Improvement Plan is to assist students with a plan to improve overall course performance.
2. Faculty initiating the form will:
   1. Communicate concerns regarding student success to the Program Lead.
   2. Provide completed **PIP** FORM to the student.
   3. Electronic forms should be transmitted to the student via ISU email, giving careful consideration that the correct student is being sent this information.
   4. Submit the final electronic, scanned, or photocopy of the **PIP** to the Program Lead and copy the Graduate Program Director via ISU email.
   5. If a student is nonresponsive to meeting with faculty to discuss **PIP** form after 1 week, write “student nonresponsive” in the student signature area.
3. Upon receipt, the Director of Graduate Programs will review the **PIP** and it will be stored in

Teams - PIP Team by Administrative Associate for the Undergraduate/Graduate Directors.

* 1. Access to the TEAMS site will be restricted to the following:
     1. Administrative Associate for the Undergraduate/Graduate Directors
     2. Student Advisor
     3. Director of Graduate Programs
     4. Associate Dean for Academics
     5. Associate Dean for Student Support Services
     6. Dean

1. The Director of Graduate Programs will prepare a monthly summary report of students who have received the **PIP** and submit it to the Associate Dean for Academics.
2. Monthly, the Director of Graduate Programs will meet with the Program Leads and the Post-licensure Academic Advisor for the purpose of reviewing all active **PIP**s.
3. Annually in May, the Program Leads, Post-licensure Academic Advisor, and the Director of Graduate Programs will analyze and evaluate aggregate **PIP** data. An annual summary report will be provided to the Graduate Program curriculum committee (GPCC).