

**Remediation Plan**

Student:

Date:

Major Professor:

Person completing the form:

1. Describe the situation:

Remediation:

Resources needed:

Consequence:

Duration:

This portion of the remediation plan has been successfully / unsuccessfully (circle appropriate) completed: \_\_\_\_\_(date/initials)

2. 1. Describe the situation:

Remediation:

Resources needed:

Consequence:

Duration:

This portion of the remediation plan has been successfully / unsuccessfully (circle appropriate) completed: \_\_\_\_\_(date/initials)

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psy.D. Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Dept of Psychology

\_\_\_\_\_  
Date

XXXXX YYYYY (initial): \_\_\_\_\_

Mark the appropriate box:

\_\_\_\_ This remediation plan has been reviewed with me and I agree to abide by the terms listed and understand the consequences if this does not occur.

\_\_\_\_ This remediation plan has been reviewed with me and I do not agree with specific items described or the required plan. The portions that I disagree with are listed below my signature and why I disagree with this portion(s) of the plan are described (attach additional sheets if necessary).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Portions that I disagree with and rationale for disagreement(s) are described below:

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XXXXX YYYY (initial): \_\_\_\_\_