

**UNIVERSITY OF DENVER
GRADUATE SCHOOL OF PROFESSIONAL PSYCHOLOGY
INTERNSHIP CONSORTIUM**

Intern Remediation Plan

Type of Remediation:

- Developmental Plan
 Probation

Date of Remediation Plan Meeting:

Name of Intern:

Primary Supervisor:

Names of All Persons Present at the Meeting:

All Additional Pertinent Supervisors/Faculty:

Date for Follow-up Meeting(s):

Check all competency domains in which the trainee's performance does not meet the benchmark:

- Professionalism,
 Reflective Practice/Self-Assessment/Self-care
 Scientific Knowledge and Methods
 Relationships
 Individual and Cultural Diversity
 Ethical Legal Standards and Policy
 Assessment
 Intervention
 Research/Evaluation
 Supervision

Description of the problem(s) in each competency domain checked above:

Date(s) the problem(s) was brought to the intern's attention and by whom:

Steps already taken by the intern to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

I, _____, have reviewed the above remediation plan with my primary supervisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decisions (circle one). My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

 Student Name

Date

 Primary Supervisor Name

Date

 Internship Director Name

Date

Student's comments (Feel free to use additional pages):

All supervisors/faculty with responsibilities or actions described in the above remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

Remediation Plan Continued

Summative Evaluation of Remediation Plan

Follow-up Meetings(s):

Date(s):

In Attendance:

Competency Domain/Essential Components	Expectations for Acceptable Performance	Outcomes Related to Expected Benchmarks (met, partially, met, not met)	Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)	Next Evaluation Date (if needed)

I, _____, have reviewed the above summative evaluation of my remediation plan with my advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decisions (circle one). My comments, if any, are below (*PLEASE NOTE: If student disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED*).

 Student Name

Date

 Primary Supervisor Name

Date

 Internship Director Name

Date

Student's comments (Feel free to use additional pages):