

BSEE Internship Remediation Plan

Name:

GID:

Date:

I. POSITIVE EXPERIENCES AND STRENGTHS

II. SPECIFIC CONCERNS

III. INTERVENTION PLAN GOALS

IV. PLAN OF ACTION AND SUPPORT NEEDED

IV. DATES TO REVIEW PROGRESS

V. SIGNATURES

I am aware that failure to complete this intervention plan may result in my removal from the internship placement and/or repeating the internship experience. I am also aware this information may be shared with my future Host Teacher and college coordinator as part of the formative process. I understand I have the opportunity to submit additional comments.

_____ Intern	_____ Date
_____ Host Teacher	_____ Date
_____ Program Coordinator	_____ Date
_____ Dean, Arts & Sciences	_____ Date

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