

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