

WISCONSIN INDIANHEAD TECHNICAL COLLEGE  
MEDICAL ASSISTANT  
STUDENT HANDBOOK

## **IMPROVEMENT PLANS**

Improvement Plans are used to indicate area(s) of deficiency that place the student at risk of not meeting course competencies. The Improvement Plan includes a summary of the area(s) of concern, student and instructor recommendations for improvement, and criteria to be used for evaluation. The Improvement Plan is signed by both the student and instructor as acknowledgement of the meeting. A copy of the signed Improvement Plan is given to the student at the time of completion of the conference. The original copy of the Improvement Plan is kept in the student record kept in a secured file in the faculty's office. A copy of the Improvement Plan will also be given to the MA Program Director.

Improvement Plans are used to address concerns for the student's performance in both clinical and theory-based classroom courses.

A summary of areas of concern and growth contracts with students will be kept track of with the use of an Improvement Plan form, which will be attached to the front of the student's file.

### **Referrals**

Referrals are made to direct the student to the Student Success Center for remediation of cognitive skills (grammar, reading, mathematics, spelling, test-taking, etc) or Student Services for counseling. Conferences are scheduled involving the student, instructor, counselor, and/or Student Success Center personnel as appropriate. When the remedial activity is concluded, outcomes of the referral process are shared with the instructor. Additionally, documentation of the referral process may be made on the campus student referral form ("Early Alert" form).

# Improvement Plan

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Course Title and Number \_\_\_\_\_

**Academic Status:**

**Area of Concern**

Theory \_\_\_\_\_  
Skills \_\_\_\_\_

Warning \_\_\_\_\_  
Failing \_\_\_\_\_

**Areas Needing Improvement:**

**Improvement Plan (Mutual):**

**Criteria for Evaluation:**

Date \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*MA Instructor Signature*

**Note - This form will be completed when:**

- There are inconsistencies in academics or the level of competency or theory.
- Any behavioral inconsistencies that do not resemble professionalism or student success.
- The student is not meeting the minimal level of competency in any required courses for the Medical Assistant program.

A conference will be scheduled with the student and the instructor at which time the student and instructor will sign this form. A copy of the report will be submitted to the program supervisor within seven (7) days. Signature of the student denotes that the Improvement Plan has been reviewed with the student.