

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
MEDICAL CODING SPECIALIST
STUDENT HANDBOOK

IMPROVEMENT PLAN

Date: _____

Student : _____

Instructor: _____

Course: _____

Academic Status:	<input type="checkbox"/> Successful	<input type="checkbox"/> Below Average	<input type="checkbox"/> Failing
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Area(s) of Concern
Improvement Plan

Student Signature _____ Date _____

Instructor Signature _____ Date _____