

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
OCCUPATIONAL THERAPY ASSISTANT
STUDENT HANDBOOK

Improvement Plan

Student's Name: _____

Date: _____

Instructor Name: _____

Course Title and Number: _____

Academic Status

Summary of events leading to the Improvement Plan:

Area of Concern:

Warning: _____

Failing: _____

Areas Needing Improvement:

Improvement Plan Strategies (Mutual):

Criteria for Evaluation: Must be measurable with a deadline.

Date

Student Signature

Date

OTA Instructor Signature

Date

The Plan will be developed mutually when there are inconsistencies in the level of competency in theory and/or the student is not meeting the minimal level of competency.

Automatic Triggers for Improvement Plan Development:

- 1. Exam score below 79.5% on any OTA Program Exam*
- 2. OTA Core course grade below 79.5% at week 8 or after*
- 3. After the 3rd assignment with points deducted for grammatical errors*
- 4. After the 3rd discussion regarding student's soft skill performance (from Core Ability Form)*
- 5. After 3 NY's on the Core Ability Form*
- 6. As determined by Instructor*

A conference will be scheduled with the student, instructor and Program Director at which time the student and the instructor will sign this form. Signature of the student denotes the Improvement Plan has been reviewed with the student. A copy of the report will be provided to the student and the OTA Program Director within 7 days. A copy will also be maintained in the student file with the instructor.