**PROFESSIONAL IMPROVEMENT PLAN PROCESS**

**DEWAR COLLEGE OF EDUCATION AND HUMAN SERVICES**

**Purpose**

The purpose of the Professional Improvement Plan (PIP) process is for faculty to identify students who may need remediation or intervention to successfully complete the professional requirements for their program of study. The PIP targets field and clinical experiences. This process is not intended for issues that are addressed in academic course syllabi or any other university policies (e.g., [Academic Honesty Policies and Procedures](http://www.valdosta.edu/academics/academic-affairs/vp-office/academic-honesty-policies-and-procedures.php) or [Student Code of Conduct](http://www.valdosta.edu/administration/student-affairs/student-conduct-office/)).

The Instructional Advisement form may be used as a tool to facilitate discussion of and document any classroom or field experience issues.

**Process Steps**

1. Faculty member informally discusses issue or area for improvement with student.
2. Faculty member discusses issue or area for improvement with student and completes Instructional Advisement Form, if necessary.
3. Faculty member discusses the issue or area for improvement with department head.
4. Faculty member discusses the continuing issue or area for improvement with the student and if warranted, completes Sections A and B of the Professional Improvement Plan form.
5. Faculty member shares the Instructional Advisement Form, PIP form and all pertinent documentation with the department head and student.
6. Faculty member confers with department head concerning the PIP.
7. Faculty member schedules a PIP meeting with student, faculty member, department head, and other relevant university personnel and provides rationale for the scheduled meeting to all attendees. The student must be notified at least 24 hours in advance of the meeting via electronic email and given the opportunity to provide a written response to be brought to the meeting.
8. All stakeholders meet to discuss the issue and if supported by the department head, a PIP is developed. The PIP must be directly related to the issue or area for improvement.
9. The student is given a signed copy of the PIP.
10. A follow-up meeting will be held at an appropriate time to evaluate the progress of the PIP. The meeting will include the ongoing formative recommendations as needed.

If the student does not satisfactorily complete the PIP, the student may fail the associated course or be removed from the program.

**DEWAR COLLEGE OF EDUCATION AND HUMAN SERVICES**

**INSTRUCTIONAL ADVISEMENT**

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| --- | --- | --- | --- |
| **Student Name**: | **Student ID #** | | **Date:** |
| **Major:** | | **Advisor:** | |
| **Faculty Member Initiating the Form**: | | **Course Name and Number (If Appropriate):** | |

**Area Identified as Needing Improvement:**

**\_\_\_\_\_\_ Attendance/Punctuality \_\_\_\_\_\_ Attitude/Disposition**

**\_\_\_\_\_\_ Assignment Submission \_\_\_\_\_\_ Class Participation**

**\_\_\_\_\_\_ Content Knowledge \_\_\_\_\_\_ Field Experience Participation**

**\_\_\_\_\_\_ Group Collaboration \_\_\_\_\_\_ Oral Language**

**\_\_\_\_\_\_ Professional Communication \_\_\_\_\_\_ Professional Behavior**

**\_\_\_\_\_\_ Written Language \_\_\_\_\_\_ Other (specify below)**

**Summary of Meeting/Comments (attach any related documentation including email communication):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Signature/Date Student Signature/Date**

**cc: Advisor**

**DEWAR COLLEGE OF EDUCATION AND HUMAN SERVICES**

**PROFESSIONAL IMPROVEMENT PLAN**

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| **Section A: Biographic Information** | | | |
| **Student Name**: | **Student ID #** | | **Date:** |
| **Major:** | | **Advisor:** | |
| **Faculty Initiating Improvement Plan**: | | **Course Name and Number (If Appropriate):** | |
| **Section B: Pre-Planning Information** | | | |
| **Faculty description of issue or area for improvement—previous conference dates must be included (attach all documentation including Instructional Advising Forms, etc.)** | | | |
| **I have met with the student and discussed the issue or area for improvement.**  **VSU Faculty Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: | | | |
| **I have met with the faculty member and discussed the issue or area for improvement.**  **Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** | | | |
| **Student response to the issue or area for improvement—may be brought to the PIP conference with Department Head (attach additional pages and documentation as needed)** | | | |

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| --- | --- | --- | --- |
| **Section C: PIP--to be completed at planning conference with department head** | | | |
| **Goals and Objectives** | **Strategies (Activities or Actions)** | **Completion Dates**  **Anticipated Actual**  **(Initial)** | |
|  |  |  |  |
| **PIP Conference Participants:** | | | |
| **Follow-Up Conference (Date and Time):** | | | |

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| **Section D: PIP Approval** |
| **I participated in the development of this PIP, and I understand that not satisfactorily completing this PIP may result in failing the associated course or being removed from the program.**  **Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** |
| **I participated in the development of this PIP and will support and monitor the planned strategies.**  **VSU Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** |
| **\_\_\_\_\_I participated in the development of this PIP.**  **\_\_\_\_\_No PIP was warranted at this time.**  **Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** |

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| **Section E: PIP Status** |
| **Follow-Up Conference**  **Date:**  **Attendees:**  **Notes/Recommendations:** |
| **Follow-Up Conference**  **Date:**  **Attendees:**  **Notes/Recommendations:** |
| **The PIP was satisfactorily completed: \_\_\_\_\_Yes \_\_\_\_ No Date of Completion:**  **VSU Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Copy to Student:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Delivered via: \_\_\_ e-mail \_\_\_U.S. mail \_\_\_ in-person** |

**cc: Advising File Approved 11/22/13**