

Appendix E

Individualized Plan of Remediation

Date:
Learner Name:
Course Number and Title:
Course Director:
Assessment:
Remediation Attempt: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Cause for Remediation
Areas of Deficits
Individualized Plan of Remediation
Learner Signature
Date
Course Director Signature
Date
Faculty Advisor
Date
By signing this document all parties agree to adhere to the program's Remediation and Deceleration Policy