

Performance Plan

Is this a(n):

Action Plan

Name of Intern

Jane Smith

Supervisor responsible for implementing current plan

Dr. John Doe

Reference ID

2024.10-Doe-Smith-AP

Check the areas that have been identified as needing a plan

Client Contact Hours

AP: Steps already taken to rectify the issue identified:

1. Collaboration with supervisor, Dr. Doe, and has successfully scheduled several psychological evaluations.
2. Review previous timesheets to make sure that entries haven't been misidentified as something else.
2. Jane successfully followed through with requesting 3 new therapy clients.

AP: Intern Actions

1. Jane will regularly review her schedule with her supervisor to ensure that entries are input correctly.
2. Jane will email her supervisor and Site Training Director every Friday with the number of Client Contact hours obtained that week.
3. Jane will shadow providers with any free time she has to increase client contact.

AP: Supervisor / Site Actions

1. Dr. Doe will review the number of Client Contact hours Jane gets each week based on what Jane enters on her NPTC timesheet.
2. Dr. Doe will do as much as possible to help build Jane's caseload so that her therapy schedule is full each week.
3. Dr. Doe will help Jane identify any therapy groups that she can help co-facilitate in order to build Client Contact.

Were the potential consequences discussed?

Yes

List implications discussed

Jane will not complete the internship on time and will have to extend her internship until the requirements are met.

Date Planned to Discuss/Sign with Intern

10/17/2024

I.....with the Action Plan / Performance Improvement Plan

I agree

Intern Signature

Jane Smith

Date Signed

10/17/2024

Intern Email

jane.smith@psychologyinterns.org

Implementing Supervisor Signature

John Doe

Date Signed

10/17/2024

Supervisor Email

jdoe@psychologyinterns.org

Date for next informal review with intern

11/18/2024